



Streetsville Children's Centre Inc.



Streetsville Academy  
a division of Streetsville Children's Centre Inc.

## Medication Authorization Form

Please note: Parents are encouraged to give medication to their children at home whenever possible.

Section 1: Parent/Guardian to complete and sign

I give my permission for the staff of the \_\_\_\_\_ Child Care Centre to give medication to (Child's Name- please print) \_\_\_\_\_ as outlined below:

Reason for medication: \_\_\_\_\_

Name of Medication: \_\_\_\_\_

Expiry Date: \_\_\_\_\_ Date Medication Purchased: \_\_\_\_\_

Define level of fever \_\_\_\_\_

When the following symptoms are seen, please administer

Dates and times medication is to be administered: \_\_\_\_\_

Instructions for storing medication if any: \_\_\_\_\_

Amount of medication to be administered: \_\_\_\_\_

Has the child taken any of the medication yet? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please note the date and time of the last dosage \_\_\_\_\_

Name of Parent or Guardian \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_

### Section 2 Designated Staff and Witness to complete and sign

Each time medication is given, both the designated staff person and a witness must check the label for the child's name, type of medication and dosage and sign the chart below. A witness is not required for diaper creams. Parents should note the time the medication was given at home and initial every day. If the parent forgets to send the medication for one of the days, this is noted on the table, dated and signed. (Reference: Day Nurseries Act, regulation 262 sections 37 & 48)

Date	Time Administered at Centre	Amount Given	Administered by	Witness Signature

Director/Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_