

Redeemer Lutheran Preschool Medication Authorization Guidelines

Dear Parents,

Redeemer Lutheran Preschool administers medications per Virginia law and the State Board of Nursing. Our teachers have completed an eight hour Medication Administration Training class to ensure medication safety. In order for our staff to administer any medication to your child while at preschool, you must provide the Medication Authorization Form and supplies for each medication as follows.

Short term medications (prescription or over the counter) 10 days or less duration, requires parents to complete Section A of the Medical Authorization Form.

Long term medications (more than ten days) requires Section A completed by parent/guardian AND Section B completed/signed by a health care provider.

1. Prescription Medication Label requirements

Prescription medication should be in a child resistant container. If the medication comes in a box, the original box should be submitted. It must have the original pharmacy label that includes the following items:

1. Child's first and last name
2. Authorized prescriber's name and telephone number
3. Pharmacy name and telephone number
4. Date prescription was filled and expiration date
5. Name of the medication
6. Route of administration
7. Dosage of the medication
8. How often to give the medication
9. Date the medication is to be discontinued or length of time, in days, the medication is to be given.
10. Expiration dates must be shown on the medication. It is parent's responsibility to provide replacement medication when your child's medication expires.

2. Over-the-counter Medication Requirements

Over-the-counter medication must be in its original container and be labeled with the child's first and last names.

3. Sample Medication

Medication samples supplied by the child's health care provider must be appropriately labeled with the same information that is required on a pharmacy label. Please have your provider label the samples with required information (see the prescription medication label requirements above).

9/18/14

Medication Authorization Form

For Prescription and Non-prescription Medications

VDSS Division of Licensing Programs Model Form



INSTRUCTIONS:

- **Section A** must be completed by the parent/guardian for **ALL** medication authorizations.
- **Section A and Section B** must be completed for any **long-term medication authorizations** (those lasting longer than 10 working days).

Section A: To be completed by parent/guardian

Medication authorization for: _____
(Child's name)

_____ has my permission to administer the following medication:
(Name of Child Care Provider)

Medication name: _____

Dosage and times to be administered: _____

Special instructions (if any): _____

This authorization is effective from: _____ until: _____
(Start date) (End date)

Parent's or Guardian's Signature: _____ Date: _____

Section B: to be completed by child's physician

I, _____ certify that it is medically necessary for the medication(s) listed
(Name of Physician)

below to be administered to: _____ for a duration that exceeds 10 work days.
(Child's name)

Medication(s): _____

Dosage and Times to be administered: _____

Special instructions (if any): _____

This authorization is effective from: _____ until: _____
(Start date) (End date)

Physician's Signature: _____ Date: _____