

BIG SMILES!



LEARNING AND CARE

540-542 Union Ave., Belleville, NJ 07109
Office: 973.759.2223 Fax: 973.759.2292

AUTHORIZATION FOR ADMINISTRATION OF MEDICATION

MEDICATION TYPE: Please be advised that we are only permitted to administer medication with a prescription from your child's physician specifying start and end date.

Child's Name: _____ D.O.B. _____
Parent/Guardian's Name: _____ Parent/Guardian Signature: _____
Physician's Name: _____ Physician's Phone Number: _____

I have read the Policy on Administering Medication and Ointments and I hereby authorize Big Smiles Learning and Care agents to administer the following medication to my child:

- Prescription medications must have a written order from the physician (and the medication spoon/device to administer the medication).
- On-going medication's (nebulizers, insulin, allergy meds) authorization cannot exceed 6 months.
- As needed and over the counter medications require a written order from the child's physician and cannot exceed 90 days.

I further agree to indemnify and hold harmless Big Smiles Learning and Care, and their agents and servants, against all claims as a result of any and all acts performed under this authority and according to the instructions below.

Name of Medication: _____ Side Effects: _____
Administration Route: _____ Dosage: _____
Reason for Medication: _____ Start Date: _____ End Date: _____
Medication Storage: _____

ADMINISTRATION RECORD:

DATE AND TIME ADMINISTERED:	ADVERSE EFFECT OBSERVED:	STAFF MEMBERS NAME:
MON: _____	_____	_____
TUES: _____	_____	_____
WED: _____	_____	_____
THUR: _____	_____	_____
FRI: _____	_____	_____