

LLESA Children's Center
Over the Counter (OTC) Medication Authorization Form

Families can authorize the Children's Center teaching staff to administer over the counter (OTC) medication as follows:

- Only Fever Reducers for Infants, Toddlers, and 2's Children
- Fever Reducers and Other OTC Meds for Preschool, Pre K, and School Age Children

On occasion it may be helpful for the staff to have the authorization from families to administer Over the Counter (OTC) medications to children such as fever reducers. Such an occasion may include teething, braces, or sudden onset of fever in which there is a danger of the fever rising too quickly before the family can come to pick up their child. It may also be helpful to administer other over the counter medicines, such as a cough syrup or eye drops for children 3 and up. Our policy requires that we have prior written authorization from the family in order to administer OTC medications. If the teaching staff feel it is necessary to administer a preauthorized OTC medication to a child, they will attempt to contact the family first to obtain guidance. If the family is unavailable, a message will be left for the family and then medication will be administered. **It is vital that families inform the classroom if their child has been given any medications before coming to the Children's Center in the event we decide to administer OTC medication to avoid reactions.** As always, the teachers will let families know if their child is too ill to participate in group care on any given day.

All OTC medications must be provided by the family and be in its original containers, with the dosage clearly marked. We will not give any medications containing pseudoephedrine or dextromethorphan per a warning from the FDA. If families would like to give the teachers permission to administer any other medications under the above conditions, families will need to complete this form and return it to their child's classroom prior to need. This form needs to be updated at least once a year or as dose changes need to be adjusted due to child's weight. Thank you!

AUTHORIZATION TO ADMINISTER OVER THE COUNTER MEDICATION

***** A separate form must be filled out for each OTC medication*****

Please fill out completely:

Child's Name: _____

Name of Medication: _____

Expiration Date of Medication: _____

Reason for Medication: _____

Dosage (not to exceed bottle/package directions): _____

Dates to be given: As needed

I give permission to the LLESA Children's Center teaching staff to administer the medication listed above to my child. This medication is to be given on an as needed basis following the guidelines and reasons listed above.

Family's Signature: _____

Date: _____

Authorized by Front Office Staff?

Medication Dispensing Record:

Date	Time Given	Dosage	Staff Initials