



Fern Flower - Nature School  
Location: 3827 Charlton Dr, Qualicum Beach, BC V9K1Z3  
Phone Number: 250-299-2054  
E-mail: [fernfloweratureschool@gmail.com](mailto:fernfloweratureschool@gmail.com)

## Medication Authorization Form:

Name of Child: \_\_\_\_\_ Today's Date: \_\_\_\_\_

I give my permission to the staff of \_\_\_\_\_ to administer:

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

Prescription Number: \_\_\_\_\_

to my child \_\_\_\_\_

according to the Doctor's orders and instructions.

*(These will be on the vial or bottle for prescription drugs and on the " Request for Administration of Nonprescription Medication at Child Care Centre form for non-prescription drugs).*

Signature of Parent or Guardian: \_\_\_\_\_

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Medication Record:

Name of the Child: \_\_\_\_\_ Physician: \_\_\_\_\_

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

Date commenced: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date Stopped: \_\_\_\_/\_\_\_\_/\_\_\_\_

Table with 5 columns: Date, Time, Dosage, Comments, Stuff Signature. The table contains 6 rows of empty cells for recording medication data.

NOTE:

- One form for each prescription or refill. Completed form filed in child's file.
Before advising the medication o the child ask a witness (another full-time employee) to check the dosage before advising the medication to the child.
Store the medication in the lockable box (with the key). Store the box and the key separate.
Make sure that medication does not need refrigeration. Store in the lockable box even in the fridge.



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Request for Administration of Non-Prescription Medication at
FFNS:

a) To be completed by Parent or Guardian:

Name of Child: Today's Date:

Name of Parent or Guardian:

Phone Number of P/G: Work Number of P/G:

Physician: Physician Phone Number:

b) To be completed by Physician Condition which makes Medication Necessary:

The condition which makes medication necessary:

Three horizontal lines for writing the condition.

Dosage:

- Checkboxes for Pills, Drops, Tsp., Ounces, Mls.

Time:

- Checkboxes for AM, PM

Date to Start: To be given with:

Date to Give Last Dose:

Additional Comments: (Possible Reactions, Consequences of Missing Medication, etc)
Three horizontal lines for writing comments.

Date: Signature: