

**CrossPoint Children's Center**

**ON GOING AS NEEDED PERMISSION TO ADMINISTER MEDICATION and  
MEDICATION RECORD**

The CrossPoint Children's Center staff are authorized to administer *oral* prescription medication under the following conditions:

1. The medication is accompanied by a *current written prescription* from the prescribing doctor detailing the amount, method, and time schedule by which the medication is to be administered. Please get this from your doctor *at the same time* he/she is writing the pharmacy prescription.
2. Regular or on-going medication treatment must have a note signed by the physician requesting this treatment by center staff.
3. The parent has completed a Permission to Administer Medication Form during any week the child is to receive medication. **A new form must be completed each week.**

Over-the-counter medication, including aspirin, cough medicine, throat lozenges, etc., is administered only upon clear written instructions by the parent on the Permission to Administer Medication Form.

***Parents must deliver all medications to the center in their original containers.***

**Instructions:** Please complete the information requested below. Please circle each day your child is to receive medication this week. Include dosage to be given each time. If different dosages are required on the same day, be sure to indicate. A different form must be filled out for **each** medication.

**Child's Name** \_\_\_\_\_

**Authorization:** On Going as Needed

**Name of medication:** \_\_\_\_\_

**Expiration date of medication:** \_\_\_\_\_

**Location of medication** (*please check*)  Refrigerator  Cupboard  Other

Date	Dosage to be Given	Time(s) to be Given	Dosage Given	Time(s) Given	Given by

*I give my permission for the medication described above to be given to my child on the days and at the time(s) listed by the authorized CrossPoint Children's Center staff.*

**Parent's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Child's Name \_\_\_\_\_

Date	Dosage to be Given	Time(s) to be Given	Dosage Given	Time(s) Given	Given by

Date	Dosage to be Given	Time(s) to be Given	Dosage Given	Time(s) Given	Given by

Date	Dosage to be Given	Time(s) to be Given	Dosage Given	Time(s) Given	Given by