

3-Day Critical Medication Authorization Form

If there is an emergency that requires the child to remain in child care past usual hours, a three-day supply of lifesaving critical medications must be kept at the child care. Examples may include insulin, seizure, or asthma control medications. Each critical medication must have its own 3-Day Critical Medication Authorization Form.

This authorization form is valid until: _____
(Unless otherwise indicated, medication authorizations are valid for 1 year from the date of the healthcare provider's signature on the care plan).

Child Care Program Staff: A new 3-Day Critical Medication Authorization Form should be completed and signed by the date above, or sooner, if there are changes to the medication or child's health condition. If a medication expires before the date above, you do not need to complete a new form. However, the medication must be replaced with one that has not expired, and the new expiration date added to this form. Never give an expired medication.

Child's name: _____

Child's date of birth and age: _____

Name of medication: _____

Reason for medication: _____

Medication expiration date: _____

When to give medication (do not write 'as needed'; provide detailed list of symptoms or times of day to give the medication): _____

How much medication to give (must include **dose** of medication): _____

Possible side effects of the medication: _____

Route of medication administration (For example: injection, by mouth (oral), on skin (topical), etc.): _____

Medication requires refrigeration: Yes No

Is the above information consistent with the medication label: Yes No

Additional instructions: _____

Healthcare Provider Name (Printed): _____

Healthcare Provider Signature: _____

Healthcare Provider Phone Number: _____

Date: _____

Parent or Guardian Name (Printed): _____

Parent or Guardian Signature: _____

Date: _____