

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
s 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: