



ADMINISTRATION OF MEDICATION

Geneseo Child Care LLC Medication Authorization Form

To be completed by the child's parent/guardian and physician. A new form must be completed for new medication, anytime a prescription medication changes and/or expires, and after a full year has lapsed from the prescription date. Please complete one form per medication. Medications must be brought to the Director's office in the original container.

Child's Name: _____ Birthdate: _____

Address: _____

Home Phone: _____ Cell Phone: _____

To be completed by the child's physician.

Physician's Name (printed): _____

Office Address: _____

Office Phone: _____

Medication Name: _____

Purpose of Medication: _____

Dosage: _____ Frequency: _____

Time medication is to be administered at school or under what circumstances: _____

Prescription Date: _____ Order Date: _____

Discontinuation Date: _____

Expected Side Effects (if any): _____

Other medications student is receiving: _____

Physician's Signature: _____ Date: _____

Parents must also complete the next page

For all parents/guardians:

By signing below, I agree that I am primarily responsible for administering medication to my child. However, in the event that I am unable to do so or in the event of a medical emergency, I hereby authorize Geneseo Child Care LLC and its employees and agents, on my behalf, to administer or to attempt to administer to my child (or to allow my child to self-administer, while under the supervision of the employees and agents of Geneseo Child Care LLC), lawfully prescribed medication in the manner described above, or over-the-counter medication that has been brought in by the child in the manner indicated on the container.

I acknowledge that Geneseo Child Care LLC does not have an on-site nurse. I agree to indemnify and hold harmless Geneseo Child Care LLC and its employees and agents against any and all claims, except a claim based on willful and wanton misconduct, arising out of the administration or the child's self-administration of medication.

If you agree, please initial: _____
Parent/guardian

For parents/guardians of children who need to carry asthma or diabetes medication or an epinephrine auto-injector:

I authorize Geneseo Child Care LLC and its employees and agents, to allow my child to possess and use his/her asthma or diabetes medication and/or epinephrine auto-injector while at daycare. Illinois law requires Geneseo Child Care LLC to inform parents/guardians that it, and its employees and agents, incur no liability, except for willful and wanton misconduct, as a result of any injury arising from a student's self-administration of medication or epinephrine auto-injector (105 ILCS 5/22-30).

If you agree, please initial: _____
Parent/guardian

All parents must sign below:

Printed name

Printed name

Signature/Date

Signature/Date