

MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION OFFICE OF CHILDHOOD - CHILD CARE COMPLIANCE

MEDICATION AUTHORIZATION

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PRESCRIPTION MEDICATION SHALL BE IN THE ORIGINAL CONTAINER AND LABELED WITH THE CHILD'S NAME, INSTRUCTIONS, INCLUDING TIMES AND AMOUNTS FOR DOSAGES, AND THE PHYSICIAN'S NAME. ALL NON-PRESCRIPTION MEDICATION SHALL BE IN THE ORIGINAL CONTAINER AND LABELED BY THE PARENT(S) WITH THE CHILD'S NAME AND INSTRUCTIONS FOR ADMINISTRATION, INCLUDING TIMES AND AMOUNTS FOR DOSAGES. A SEPARATE FORM IS NEEDED FOR EACH MEDICATION. THIS FORM IS VALID ONLY FOR THE DATES INDICATED BELOW.

ADMINISTRATION, INCLUDING TIMES AND A THIS FORM IS VALID ONLY FOR THE DATES	AMOUNTS FOR I	DOSAGES. A SEPARATE FORM	IS NEEDED FOR EA	ACH MEDICATION.	
I AUTHORIZE CHILD CARE PERSONNEL TO	ADMINISTER TH	E FOLLOWING MEDICATION TO	MY CHILD:		
(PROPER NAME OF MEDICATION)					
CHILD'S FULL NAME		DATE MEDICATION TAKEN FROM	UNTIL		
DOSAGE		TIME(S) OF DAY			
POSSIBLE SIDE EFFECTS					
SIGNATURE OF PARENT(S) OR GUARDIAN			DATE		
RECORD OF ADMINISTRATION				ı	
STAFF NAME	DATE	MEDICATION NAME	DOSAGE	TIME	

The Department of Elementary and Secondary Education does not discriminate on the basis of race, color, religion, gender, gender identity, sexual orientation, national origin, age, veteran status, mental or physical disability, or any other basis prohibited by statute in its programs and activities. Inquiries related to department programs and to the location of services, activities, and facilities that are accessible by persons with disabilities may be directed to the Jefferson State Office Building, Director of Civil Rights Compliance and MOA Coordinator (Title VI/Title VI/Title



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INDIVIDUAL PLAN FOR SPECIALIZED CARE

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IDENTIFYING INFORMATION							
CHILD'S NAME	BIRTHDATE						
AREA OF CONCERN							
ADAPTIVE EQUIPMENT OR SUPPLIES NEEDED AT DAY CARE							
MEDICATION/TREATMENT CHILD IS TO RECEIVE AT FACILITY DURING CHILD CARE HOURS							
If the child is to receive treatments during his/her scheduled hours of care, how and by whom is this treatment to be administered?							
in the shind to to receive treatments during morner somedified notice of care, now and by	whom is this treatment to be t	diffilliotorou :					
SYMPTOMS/INDICATORS/POSSIBLE PROBLEMS RELATING TO CHILD'S CONDITION/TREATMENT HEALTH PROBLEMS THAN CAN RESULT IN AN EMERGENCY							
HEALIN PRODLEMS I HAN CAN RESULT IN AN EMERGENCY							
PHYSICIAN/SPECIALIST SIGNATURE		DATE					
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