

BRIGHT HORIZONS
AUTHORIZATION FOR ADMINISTRATION OF MEDICATION

MEDICATION TYPE:

PRESCRIPTION NON-PRESCRIPTION TOPICAL OINTMENT

I have read the *Policy on Administering Medications and Ointments* and I hereby authorize Bright Horizons agents to administer the following medication to my child:

Child's Name: _____

- Prescription medications must have a written order from the physician (and the medication spoon/device to administer the medication).
- Non-prescription medication to be used for more than three consecutive days requires a written order from the child's physician (and the medication spoon/device to administer the medication).
- Duration of non-prescription topical ointments' (authorized for use for children) authorization cannot exceed 90 days with a parent's/guardian's signature unless the ointment is a designated diaper cream or sunscreen authorized for use for children which in both cases can be authorized for one year.
- Duration of as needed medications require a written order from the child's physician and cannot exceed 90 days.
- Ongoing medications' (nebulizers, insulin, allergy meds) authorization cannot exceed 6 months.

I further agree to indemnify and hold harmless Bright Horizons Children's Centers LLC, and their agents and servants, against all claims as a result of any and all acts performed under this authority and according to the instructions below.

Five Rights of Medication

Medication: _____

1. Verification that the *right* child receives
2. The *right* medication
3. In the *right* dose
4. At the *right* time
5. By the *right* method

Administration Route: _____

Reason for Medication: _____

Medication Storage: _____

Side

Effects _____

Dosage: _____

Times of Administration: _____

Start Date: _____ End Date: _____

Physician's Name: _____ Physician's Number: _____

Physician's Signature: _____

Parent/Guardian Signature: _____