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 current pharmacist's label that includes the child's full name, dosage, current date, times to be administered, and the name and telephone number of the physician.
- **Non-prescription Children's Medication:** can be administered for up to ***three consecutive days*** according to the manufacturer's instructions with written authorization from the parent/guardian Written authorization from the child's medical provider is required to continue use beyond the three consecutive days.
- **Non-prescription Topical Children's Ointments:** can be applied with authorization from the parent/guardian according to the manufacturer's instructions for a period not to exceed ***one year.*** This includes diaper cream, sunscreen and insect repellant and other non-medicated (free from antibiotic, antifungal or steroidal components) topical ointments designated for use for children.
- **Non-prescription Topical Children's Ointments:** can be applied to **open, oozing sores** for up to ***three consecutive days*** according to the manufacturer's instructions with written authorization from the parent/guardian. This includes diaper cream, sunscreen, insect repellant and other non-medicated (free from antibiotic, antifungal or steroidal components) topical ointments designated for use for children. Written authorization from the child's medical provider is required to continue use beyond the three consecutive days or if the condition worsens.
- **As Needed Children's Medications:** require written authorization from the child's medical provider for a period not to exceed ***six months***. Authorization must list the reason, dosage, start date and end date.
- **Medications for Chronic Illnesses**: require a written order from the child's medical provider for a period not to exceed ***one year***. (See Prescription and Non-prescription medication above for details)

Note: Products containing Benzocaine, the main ingredient in over-the-counter (OTC) gels and liquids applied to the gums or mouth to reduce pain, may only be applied with authorization from the child's medical provider for a period not to exceed ***seven consecutive days***.

Note: All medications must be provided in the original container, labeled with the child's full name and any medication spoon/device to administer the medication must be provided. Non-prescription medications must be designated for use for children.

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.

Medication: _____

Administration Route: _____

Reason for Medication: _____

Medication Storage: _____

Side Effects: _____

Six Rights of 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**
6. ***And the right* documentation is completed**

_____

Dosage: _____

Times of Administration: _____ _____ _____ _____

Start Date: _____ End Date: _____

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

Physician's Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____