

**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 prescription label that includes the child's full name, dosage, current date, times to be administered, and the name and telephone number of the medical provider.
- **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 for a period not to exceed **thirty days**.
- **Non-prescription Topical Children's Ointments:** can be applied according to manufacturer's instructions with authorization from the parent/guardian for a period not to exceed **one year**. This includes diaper cream, sunscreen and insect repellent 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** according to manufacturer's instructions for a period not to exceed **three consecutive days** with written authorization from the parent. This includes diaper cream, sunscreen and insect repellent 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 three consecutive days or if the condition worsens. Bright Horizons prohibits the use of aerosol cans.
- **As Needed Children's Medications:** a written order from the child's medical provider is required for a single weight –appropriate dose of acetaminophen to be administered for **fever only** if the parent cannot be reached, for a period not to exceed **six months**. Authorization must list the reason, dosage, start date and end date.
- **Medications for Chronic Illnesses and Allergies:** require a written order from the child's medical provider for a period not to exceed **one year**. * Parental authorization is required every **six months**.

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. All non-prescription products must be designated for use for children on the label.

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**.

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: _____

Medication Expiration Date: _____

Administration Route: _____

Reason for Medication: _____

Medication Storage: _____

Side Effects: _____

Dosage: _____

Times of Administration: _____

Start Date: _____ End Date: _____

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

Physician's Signature: _____

Parent/Guardian Signature: _____ Date: _____

*Parent/Guardian (6 month extension): _____ Date: _____

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.**