



Rhode Island Department of Human Services

All Providers: Medication Administration & Parental Consent for Medication

Updated 1/13/2023

Important Information

A child who must take medication during child care hours is required to have a medication request completed and returned to the provider. New requests must be filled out by the parent/guardian each time a new medication is to be administered.

Prescribed and non-prescribed (over the counter) medication must not be administered to a child without:

- Written permission from the parent/guardian; and
- Written order from a licensed physician, physician's assistant, or nurse practitioner (which may include the label on the medication) indicating that the medicine is for a specified child.

The written order includes the name of the child, name of the medication, circumstances under which it may be administered, route, dosage, and frequency of administration.

For School Age children (enrolled in Kindergarten or older) who self-carry rescue medication (prescription inhalers and/or auto-injectable epinephrine), there must also be medical documentation that the rescue medication has been prescribed and that the child needs to carry it on his or her person due to a medical condition.

Authorization

To be completed by the parent/guardian – **all information is required.**

Child's Name:		Route
DOB:		<input type="checkbox"/> Mouth
Medication:		<input type="checkbox"/> Eye: (Right / Left)
Refrigerated: <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Nose: (Right / Left)
Dosage:		<input type="checkbox"/> Ear: (Right / Left)
Schedule:		<input type="checkbox"/> Skin
Start Date:		<input type="checkbox"/> Other: _____
End Date:		<input type="checkbox"/> Physician Ordered
Reason for medication:		Physician Name:

I authorize the following program _____

Provider/Program Name

to administer the following prescription medication or over-the-counter medication to the child named here. In addition, I will provide a list of potential side effects, obtained at the pharmacy, for prescription medications. The medication I am providing is clearly label in it's original container.

Parent/Guardian (Print)

Parent/Guardian Signature

Date