

SECTION B – COMPLETE AS NEEDED BY LICENSED AUTHORIZED PRESCRIBER

19. Describe any additional training, procedures or competencies the day care program staff will need to care for this child.

20. Licensed Authorized Prescriber's Signature:

21. Since there may be instances where the pharmacy will not fill a new prescription for changes in a prescription related to dose, time or frequency until the medication from the previous prescription is completely used, please indicate the date by which you expect the pharmacy to fill the updated order.
DATE: _____
By completing this section the day care program will follow the written instruction on this form and *not* follow the pharmacy label until the new prescription has been filled.

22. Licensed Authorized Prescriber's Signature:

SECTION C – TO BE COMPLETED BY PARENT/GUARDIAN

If Section A #7A is completed, do the instructions indicate a specific time to administer the medication? (For example, did the prescriber write 12pm?) Yes N/A No
Write the specific time(s) the day care program is to administer the medication (i.e.: 12pm): _____

I, parent/legal guardian, authorize the day care program to administer the medication as specified in the "Licensed Authorized Prescriber Section" to _____
(child's name)

Parent or legal guardian's name (please print):	Date authorized:
Parent or legal guardian's signature:	

SECTION D – MUST BE COMPLETED IF PARENT/GUARDIAN REQUESTS TO DISCONTINUE MEDICATION PRIOR TO DATE INDICATED IN SECTION A #15

I, parent/legal guardian, request that the medication indicated on this consent form be discontinued on _____
Once the medication has been discontinued, I understand that if my child _____ (date)
requires this medication in the future, a new written medication consent form must be completed.

Parent or Legal Guardian's Signature:

SECTION E - TO BE COMPLETED BY:

Kiddie Academy of Greenlawn
787 Pulaski Road
Greenlawn, NY 11740
(631) 261-2220
Fax: (631) 261-0111
Facility ID #00179052-DCC

I have verified that Section A & Section C, and if applicable, Section B are complete. My signature indicates that all information needed to administer this medication has been given to Kiddie Academy of Greenlawn.

(Authorized Name) (Authorized Signature) (Date Rec'd from Parent)