

**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.
- **Oral Non-prescription Medications:** require a written order from the child's medical provider and the parent/guardian specifying the product, dosage, time, start date and end date and reason for a period not to exceed **one week**.
- **As Needed Children's Medications:** require a written order from the child's medical provider and the parent/guardian for a period not to exceed **6 months**. Authorization must list the reason, dosage, start date and end date.
- **Non-prescription Topical Children's Ointments:** can be applied with authorization from the parent/guardian according to manufacturer's instructions 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:** require a written order from the child's medical provider and parent/guardian to be applied to **open, oozing sores**. 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 and parent/guardian. Authorization for prescription medications will not exceed the period indicated on the prescription label; however, will not exceed **one year**. Non-prescription medications must have a written order from the medical provider and parent/guardian; list the reason, dosage, times of administration, start date and end date, for a period not to exceed **one year**.
- **Diaper Cream, Sunscreen and Insect Repellent:** can be applied with authorization from the parent/guardian according to manufacturer's instructions for a period not to exceed **one year**. Directions must be designated for use for children.

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: _____

Six Rights of Medication

Administration Route: _____

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**

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: _____