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 Repellant**: 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: ________________________________________________________________

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: __________________________________________________________

---

**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**