

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 and number of days to be administered, and the name and telephone number of the physician.
- **Non-prescription Children's Medication:** can be administered for up to **three consecutive days** with a written order from the parent/guardian according to manufacturer's instructions. Medication instructions must note how much medication to give based on the child's age and weight. Written authorization from the child's medical provider is required to continue use beyond the three consecutive days.
- **Non-prescription Topical Children's Ointments:** can be applied according to the manufacturer's instructions with authorization from the parent/guardian for a period not to exceed **one year**. Medication instructions must note how much medication to apply based on the child's age and weight. This includes diaper cream, sunscreen, 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** for up to **three consecutive days** with written authorization from the parent/guardian according to the manufacturer's instructions. Medication instructions must note how much medication to give based on the child's age and weight. This includes diaper cream, sunscreen, 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 the three consecutive days or if the condition worsens.
- **As Needed Children's Medications:** requires a written order from the child's medical provider for a period not to exceed **six months**. Authorization must list the reason, dosage, start date and end date.
- **Medications for Chronic Illnesses:** requires a written order from the child's medical provider for a period not to exceed **one year**. (See Prescription and Non-prescription medication above for details)

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: _____

Five 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 Number: _____

Physician's Signature: _____

Parent/Guardian Signature: _____ Phone Number: _____