2026–2027

Medication Authorization

Attach picture of child here.

See back of form for medication log

Dear Parents: Please make sure you have reviewed and signed our medication policy.

Child's Name: *First* *Last*	Weight:	Date of birth:

MEDICATION INFORMATION

Medication:	When to give:
Route: *(e.g., by mouth)*	Dose:
Reason for medication:	Medication expiration date:
	Allergies:
Start date: Stop date:	Storage Requirements: Refrigeration: ☐ YES ☐ NO
Special Instructions: *(e.g., take with food)*	Possible side effects:
Notes:	Medication last given?

PARENT PERMISSION TO GIVE MEDICATION

- I hereby give permission for the child care staff to administer medication as prescribed above.
- I also give permission for the caregiver/teacher to contact the prescribing health professional about the administration of this medication.
- I have administered at least one dose of medication to my child without adverse effects, except one-time emergency medications *(e.g. Epi Pen)*.

Parent/Guardian Signature: Phone:

Print Name: Alternate Phone:

MEDICAL PROVIDER'S INFORMATION

Name: Phone:

Signature:

Prescription label has medical provider's complete information and name ☐ YES ☐ NO

OFFICE USE ONLY

Storage location: Locked ☐ YES ☐ NO	Name of staff receiving medication:
Individual Health Care Plan up-to-date? ☐ YES ☐ NO ☐ Not required for this medication	Amount of medicine received:
Emergency Information up-to-date? ☐ YES ☐ NO	Date:

This form developed by Snohomish County Health Department
Child Care Health Outreach Program
3020 Rucker Avenue ■ Everett, WA 98201-3900 ■ www.snohd.org ■ tel: 425.252.5415

Attach picture of child here.

Medication Record

See back of form for medication authorization.

Child's Name: *First* *Last*	**Medication:**

Compare Medication Authorization to container label *at each administration.*
Check 5 Rights: ✓ **CHILD** ✓ **MEDICATION** ✓ **DOSE** ✓ **ROUTE** ✓ **TIME** **and** ✓ **LAST GIVEN?**

DATE	TIME	MEDICATION	DOSAGE	NOTES: Incidents, Reason not given	STAFF

Error Form Completed ☐ YES ☐ NO *(see child's file)*

TO BE COMPLETED BY CHILD CARE PROVIDER:

I am trained to give this medication and understand the child care medication policy and procedures.

Print Name_____ **Print Name**_____

_____ (_____) _____ (_____)
Signature **(initials)** **Signature** **(initials)**

Medication Returned: Date:

Parent/guardian Signature: Staff signature:

If you can't return the medication, contact Take Back Your Meds at 1-800-732-9253 for proper disposal and location.
Do not put in trash or toilet!

Disposal Location: Signature: Date:

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2026–2027

Individual Care Plan for Child in Child Care

Plan must be updated annually or when there is a change in the child's special need

Child's Full Name	Today's Date
CONTACT INFORMATION	
Parent's/Guardian's Name	Telephone
Parent's/Guardian's Name	Telephone
Primary Health Care Provider	Telephone
Specialist (if applicable)	Telephone
Specialist (if applicable)	Telephone
CHILD'S SPECIAL NEEDS	
Diagnosis, if known:	
Known symptoms and triggers:	
Describe activity, behavioral, or environmental modifications that are needed for the child:	
Allergies (other than food allergy):	
For food allergies or special dietary needs due to a health condition - must obtain written instructions from child's health care provider (use page 3 of this form or health care provider's form)	
MEDICATIONS ***(Medication Authorization Form must be completed for each medication.)***	
List medication to be given at **scheduled times**, and how medication is to be given.	
List medication to be given during an **emergency**, and how medication is to be given. Describe symptoms that would trigger emergency medication.	

Individual Care Plan for Child in Child Care

Plan must be updated annually or when there is a change in the child's special need

EMERGENCY RESPONSE PLAN

List the steps and procedures the early learning or school-age provider should perform during an emergency related to your child's special need.

SUGGESTED TRAINING FOR STAFF

List suggested special skills training/education for the early learning or school-age program staff.

SUPPORTING DOCUMENTATION

Please attach supporting documentation to this Individual Care Plan, including any existing individual educational plan (IEP), individual health plan (IHP), 504 plan, or individualized family service plan (IFSP). WAC 110-300-0300 and WAC 110-301-0300 requires an early learning or school-age provider to have supporting documentation of the child's special needs provided by the child's licensed or certified:

(i) Physician or physician's assistant
(ii) Mental health professional
(iii) Educational professional
(iv) Social worker with a bachelor's degree or higher with a specialization in the individual child's needs; or
(v) Registered nurse or advanced registered nurse practitioner.

SIGNATURES

Parent or Guardian Signature	Date
Early Learning or School-Age Provider Signature	Date
Health Care Provider Signature *(recommended)*	Date

This section to be completed by child's parent or guardian, if applicable:

I hereby give permission for _____ *to provide*
(name of visiting health professional or specialist)

services to my child at this early learning or school-age program.

Parent or Guardian Signature	Date

Individual Care Plan for Child in Child Care

Plan must be updated annually or when there is a change in the child's special need

FOOD ALLERGY and/or SPECIAL DIETARY REQUIREMENTS

This page must be completed and signed by the child's health care provider and parent or guardian.

Child's Full Name:	Today's Date:

Food the child must not consume (list each food separately)	Appropriate substitute food(s)

Describe allergic reactions and symptoms associated with this child's particular allergies.

Describe the treatment plan for the early learning or school-age provider to follow in response to child's allergic reaction (include names of medication, dosage amount, and directions for how to administer medication).

Other special dietary requirements due to a health condition.

_____ _____

Health Care Provider Signature Date

_____ _____

Parent or Guardian Signature Date