# INHALED MEDICATION AUTHORIZATION

Palo Alto Community Child Care
3990 Ventura Court · Palo Alto, CA 94306

## Part I Parent or Guardian to Complete

I hereby authorize the child care staff to administer inhaled medications as directed by the physician (Part II). I agree to release, indemnify, and hold harmless PACCC and any of their staff members, or directors from lawsuits, claims, expense, demands, or actions, etc. against them for administering inhaled medications. I have read the procedures attached to this form and assume responsibility as required.

I authorize the child care staff to contact my child's physician for more information related to this medication.

| | |
|---|---|
| Name of Child | |
| Date of Birth | Center |
| Has the child taken this medication before? ☐ Yes ☐ No | First dose must be given at home to ensure the child does not have an adverse reaction. |
| Parent/Guardian Name | Parent/Guardian Signature |
| Date of Authorization | |

## Part II Child's Physician to Complete (use other side as necessary)

| | |
|---|---|
| Name of Medication | Dosage |
| Date medication administration begins | Date medication ends (if known) |
| Diagnosis | |
| Triggers | |
| Symptoms or activity for which medication is ordered | |
| Time(s) medication is given | |
| Time interval for repeating dose | |
| If child is taking more than one medication, list sequence in which medications are to be taken. | |
| Potential side effects | |
| Action to be taken in the event of side effects or incomplete treatment | |
| Storage of medication: | Safety precautions: |
| Physician's Name | Telephone |
| Physician's address | |
| Physician's Signature | Date |

## Part III Child Care Director to Complete

☐ Parts I and II above are complete and include signatures. (It is appropriate if all items in Part II are written on physician's stationery or prescription pad.)

☐ Medication is appropriately labeled.

_____ Date of medication expiration. Parent must collect expired medication immediately upon expiration.

_____ _____

Director Signature Date

**Form must be updated annually.**