



BEE MONTESSORI NIAGARA

3428 Portage Road, Niagara Falls, ON L2J 2K4 info@beemontessori.ca

Authorization For Administration of Medication

This form must be completed by the parent of a child who is requesting that a drug or medication be administered during hours that the child receives child care, in accordance with the child care centre's medication administration policy and procedures.

****Please complete and return to portage-supervisor@beemontessori.ca****

To be completed by the parent/ guardian. Use ONE form for each medication.

Child's First and Last Name: _____

Child's Date of Birth (DD/MM/YYYY): _____

Child's Class (ie. Casa 1): _____

Parent/ Guardian's Name: _____

Parent/ Guardian's Phone Number: _____

Name of Child's Physician: _____

Physician's Phone Number: _____

This medication is in conjunction with my child's (check the box that applies):

- Individualized Plan For a Child with Medical Needs
- Emergency Allergy Alert Form
- Neither

I verify that I have previously administered this medication to my child at home (*exception: Epi Pen):

- Yes (***Please Initial Here:** _____)
- No (*If no, BMN will NOT be able to administer this medication)



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Name of Drug or Medication (as per the original container label):	
Date of Purchase or Date Dispensed: (dd/mm/yyyy)	
Expiry Date: (dd/mm/yyyy)	
Authorization Start Date: (dd/mm/yyyy)	
Authorization End Date: (dd/mm/yyyy)	

Please Write "N/A" in the "Additional Information" Section If Not Applicable or If Consent Is Not Provided

COMPLETE THIS SECTION IF: CHILD IS SELF-CARRYING/ADMINISTERING MEDICATION AND IS 6 YEARS OF AGE OR OLDER

The child above is permitted to:

- Self-carry their epi-pen/inhaler in their own labeled fanny pack
- Self-administer their epi-pen/inhaler

Additional Information/Instructions:

****I consent to the above statements: _____ (Parent/Guardian's Signature).**

Please Write "N/A" in the "Additional Information" Section If Not Applicable



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COMPLETE THIS SECTION IF: CHILD HAS HAD AN ANAPHYLACTIC ALLERGIC REACTION IN THE PAST

*Disclaimer About Epi-Pens

Families of children who are known to have had an **anaphylactic allergic reaction (in the past)** to a given allergen must provide the School with **two epi-pens**. These pens will remain within the School at all times. The epi-pens will be stored in their own separate pouch labeled with your child's name. The child's pouch will be carried by the teachers or by the child him/herself (in accordance to what the parents/guardians have consented to) and will follow your child during their time in our care.

Note: It is the parent/guardian's responsibility to provide additional Epi-pens for their child.

****I consent to the above statements:** _____ **(Parent/Guardian's Signature).**

Dosage (indicate quantity):

****Must be in accordance with what is suggested on the bottle**

Pills _____ Drops _____ Tsp. _____ Ounces _____
Mls. _____

Time to be administered at (indicate time):

_____ A.M.
_____ P.M.

AND/OR, where drugs are to be administered on an "as needed" basis:

The drug or medication needs to be administered when the following physical symptoms are observed:



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Amount/Dosage: _____

***Must be in accordance with what is suggested on the bottle**

Method of Administration: _____

Medication is to be administered (check the box that applies):

- WITH food/drink
- WITHOUT food/ drink
- Does not matter

Addition Comments (ie. possible reactions, consequences of missing medication dose, discontinue immediately if ... etc.).

Parent/ Guardian Authorization Statement

I understand that expired drugs/ medications will not be administered to my child at any time in accordance with Bee Montessori Niagara's medication administration policy.

I understand that the staff at Bee Montessori Niagara are not medically trained to administer drugs/ medication.

Print name:	Relationship to Child:
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Signature:	Date Signed: (dd/mm/yyyy)

Received By: _____ -

Print name:	Role at Bee Montessori Niagara:
Signature:	Date Signed: (dd/mm/yyyy)

For Office Use Only

Location medication will be stored: _____

Date Drugs/Medication Returned to Parent/Guardian: _____

Disclaimer: This document is a template that has been prepared to assist licensees in understanding their obligations under the CCEYA and O. Reg. 137/15. It is the responsibility of the licensee to ensure that the information included in this document is appropriately modified to reflect the individual circumstances and needs of each child care centre it operates.

Please be advised that this document does not constitute legal advice and should not be relied on as such. The information provided in this document does not impact the Ministry's authority to enforce the CCEYA and its regulations. Ministry staff will continue to enforce such legislation based on the facts as they may find them at the time of any inspection or investigation.

It is the responsibility of the licensee to ensure compliance with all applicable legislation. If the licensee requires assistance with respect to the interpretation of the legislation and its application,



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the licensee may wish to consult legal counsel.