



## PERMISSION REQUIREMENTS SHORT-TERM MEDICATION ADMINISTRATION

The following table indicates the permission needed to administer a medication to any child in your care for **ten days or less**.

| Medication Type  | Medication Route  | Type of Permission Needed<br>(written) |                                   |
|------------------|-------------------|--|-----------------------------------|
|                  |                   | Parent Permission                      | Health Care Provider Instructions |
| Over-the-counter | Topical           | Written                                | <i>None needed*</i>               |
|                  | Oral              | Written                                | <i>None needed*</i>               |
|                  | Inhaled/Nasal     | Written                                | <i>None needed*</i>               |
|                  | Patches           | Written                                | <i>None needed*</i>               |
|                  | Eye               | Written                                | <i>None needed*</i>               |
|                  | Ear               | Written                                | <i>None needed*</i>               |
| Prescription     | Topical           | Written                                | <i>None needed*</i>               |
|                  | Oral              | Written                                | <i>None needed*</i>               |
|                  | Inhaled/Nasal     | Written                                | <i>None needed*</i>               |
|                  | Patches           | Written                                | <i>None needed*</i>               |
|                  | Eye               | Written                                | <i>None needed*</i>               |
|                  | Ear               | Written                                | <i>None needed*</i>               |
|                  | Nebulizer         | Written                                | Written                           |
|                  | EpiPen® Injection | Written                                | Written                           |

\*The parent’s instructions for administration must be consistent with any directions for use noted on the original container, including but not limited to precautions related to age and special health conditions. **If the instructions are not consistent, *written* instructions from the child’s health care provider are required.**

**NOTE:** All permissions must be renewed or discontinued after ten (10) work days.



## PERMISSION REQUIREMENTS

### LONG-TERM MEDICATION ADMINISTRATION

The following table indicates the permission needed to administer a long-term medication to any child in your care. Long-term medication is defined as any medication that is authorized by the parent and/or health care provider to be administered or possibly administered for **more than ten (10) days**.

| Medication Type  | Medication Route  | Type of Permission Needed<br>(written) |                                   |
|------------------|-------------------|--|-----------------------------------|
|                  |                   | Parent Permission                      | Health Care Provider Instructions |
| Over-the-counter | Topical           | Written                                | <i>None needed*</i>               |
|                  | Oral              | Written                                | Written                           |
|                  | Inhaled/Nasal     | Written                                | Written                           |
|                  | Patches           | Written                                | Written                           |
|                  | Eye               | Written                                | Written                           |
|                  | Ear               | Written                                | Written                           |
| Prescription     | Topical           | Written                                | Written                           |
|                  | Oral              | Written                                | Written                           |
|                  | Inhaled/Nasal     | Written                                | Written                           |
|                  | Patches           | Written                                | Written                           |
|                  | Eye               | Written                                | Written                           |
|                  | Ear               | Written                                | Written                           |
|                  | Nebulizer         | Written                                | Written                           |
|                  | EpiPen® Injection | Written                                | Written                           |

\*For over-the-counter topical medication where instructions from the child’s health care provider are not required, the parent’s instructions for administration must be consistent with any directions for use noted on the original container, including but not limited to precautions related to age and special health conditions. **If the instructions are not consistent, written instructions from the child’s health care provider are required.**

**NOTE:** Long-term permissions must be updated at least every **six** months.