

Medication Administration in School or Child Care

The parent/guardian of _____ ask that school/child care staff give the
(Child's name)
following medication _____ at _____
(Name of medicine and dosage) (Time(s))

to my child, according to the Health Care Provider's signed instructions on the lower part of this form.

Prescription medications must come in a container labeled with: child's name, name of medicine, time medicine is to be given, dosage, date medicine is to be stopped, and licensed health care provider's name. Pharmacy name and phone number must also be included on the label.

Over the counter medication must be labeled with child's name. Dosage must match the signed health care provider authorization, and medicine must be packaged in original container.

The Program agrees to administer medication prescribed by a licensed health care provider with prescriptive authority. The parent agrees to pick up expired or unused medication within one week of notification by staff.

By signing this document, I give permission for my child's health care provider to share information about the administration of this medication with the nurse or school staff delegated to administer medication.

Parent/Legal Guardian's Name

Parent/Legal Guardian Signature

Date

Work Phone

Home Phone

Health Care Provider Authorization

Child's Name: _____

Birthdate: _____

Medication: _____

Dosage: _____ Route _____

To be given at the following time(s): _____

Special Instructions: _____

Purpose of medication: _____

Side effects that need to be reported: _____

Starting Date: _____

Ending Date: _____

Signature of Health Care Provider with Prescriptive Authority

License Number

Print Name of Health Care Provider

Phone

Fax Number

Please ask the pharmacist for a separate medicine bottle to keep at school/child care to ensure consistency in medication administration. Thank you!

FOR CHILD CARE USE ONLY

Copied information onto Medication Log _____

Staff Signature

Date