

# MEDICATION FORM

Separate form required for each medication

To be completed by the Parent:

Child's Name \_\_\_\_\_

Dates Authorized to Give Medication \_\_\_\_\_ (Not to exceed 1 week)

Name of Medication \_\_\_\_\_

Dosage \_\_\_\_\_ Time to be given \_\_\_\_\_

Method to give Medication / Special Instructions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does Medication require refrigeration: yes / no

Was any medication given at home prior to coming to child care? \_\_\_\_\_ Time: \_\_\_\_\_

Parent/ Guardian Authorization \_\_\_\_\_ Date \_\_\_\_\_

To be completed by the Provider:

Name of Staff Receiving Medication from Parent: \_\_\_\_\_

Verification:

\_\_\_\_\_ Medication in original container

\_\_\_\_\_ Medication not out of date

\_\_\_\_\_ Labeled with child's name.

Date Given	Time Given	Amount Given	Given By	Side Effects/ Reaction

Parent received information on administration of medication and unused medication returned to the parent:

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Note: must be a designated person to receive medication and a back up person if that staff member is out)