

Medication Administration Form

The (name of the facility/center) _____ will administer medication to children for whom a plan has been made and approved by the Director. Because having medication in the facility can present a safety hazard, parents/guardians should check with the child's health care provider to see if a dose schedule can be arranged that does not involve the hours the child is in care by this facility. Parent/guardian may come to administer medication to their own child during the day.

Procedures for Medication in Licensed Child Care of Group Care Settings:

1. All medications/treatments require parent/guardian to complete and sign this Medication Administration Form.
2. All medications/treatments require the child's health care provider to complete and sign the bottom of this form.
3. Over-the-counter medication must be the original container and labeled with the child's name. Prescription medication must have a pharmacy label that corresponds with the written order from the health care provider.
4. All medications will be stored out of the reach of children and returned to the parents once prescription is completed. Parent is responsible for providing measuring devices (for example, a syringe) for accurate medication administration.
5. All medication administrations will be recorded by the staff administering the medication.
6. **Children with conditions such as asthma, severe allergies, diabetes, oxygen, feeding tubes and seizure disorder require a detailed health care plan in addition to, or in lieu of, this Medication Administration Form. Please see staff for a copy of a health care plan.**

Prescription Medications:

- are administered in accordance with the pharmacy label directions and as prescribed by the written instructions from the child's health care provider, which should match.
- The instructions from the child's parent/guardian shall not conflict with the label directions as prescribed by the child's health care provider.

Over-the-Counter Medications:

- require a written prescription from the child's health care provider.
- shall be administered in accordance with the product label directions on the label
- The instructions from the child's parent/guardian shall not conflict with the label directions as prescribed by the child's health care provider.

AUTHORIZATION FOR MEDICATION ADMINISTRATION

I hereby authorize delegated staff of (name of facility/center): _____ to administer the following prescribed medication to my child, _____.

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

Parent/Guardian name _____ Telephone _____

Parent/Guardian signature _____ Date _____

In case of emergency, please contact _____ Telephone _____

Child's Health Care Provider name _____ Telephone _____

This portion to be completed by child's health care provider

Name of medication _____ Dosage _____ Time of administration _____

Route _____ Start date _____ End date _____

Purpose of medication _____ Special instructions _____

Possible side effects _____

Health Care Provider signature _____ Date _____