

PARENT CONSENT FOR ADMINISTRATION OF MEDICATIONS

NOTE: Regulation Section 101221 requires the following information be on file.

CHILD CARE CENTER NAME: CENTER FOR CHILD AND FAMILY STUDIES	LICENSE NUMBERS: 570311412 (INF); 570306437 Tod/Presc	DATE:
--	--	-------

PARENT'S INSTRUCTIONS:

1. All prescription and nonprescription medications shall be maintained with the child's name and shall be dated.
2. Prescription and nonprescription medications must be stored in the original bottle with unaltered label. Medications requiring refrigeration must be properly stored.
3. Prescription and nonprescription medication shall be administered in accordance with the label directions.
4. Written consent must be provided from the parent, permitting child care facility personnel to administer medications to the child. Instructions shall not conflict with the prescription label or product label directions.

CHILD'S NAME	DATE OF BIRTH	WEIGHT
MEDICATION NAME	DOSAGE	ROUTE/METHOD (ORAL/TOPICAL/INJECTION, ETC)

When is medication to be given? From beginning date _____ to ending date _____

- At _____ daily while in attendance.
TIME OF DAY
- When symptoms occur (such as pain, wheezing, etc. – describe clearly) _____
- In an emergency (such as anaphylaxis, describe clearly) _____

Special instructions (such as with/without food; foods to avoid, etc.) _____

How soon should medicine take effect (relief of symptoms, etc.)? _____

List and describe possible side effects (such as drowsiness): _____

Describe possible complications and treatment: _____

Attach additional instructions from doctor, if necessary

Prescribing doctor's name _____ Phone _____
Address: _____

PARENT/GUARDIAN'S NAME PRINTED PARENT/GUARDIAN'S SIGNATURE

PARENT EMERGENCY CONTACT NUMBERS (List all that apply)

Upon completion, return medicine to parent or destroy, and place form in child's record.

STAFF MEMBER RECEIVING MEDICATION	DATE RECEIVED
-----------------------------------	---------------

Daily Medication Log
For medication administered in Child Care

Must have completed and signed *PARENT CONSENT FOR ADMINISTRATION OF MEDICATIONS* form in the classroom and copy in child's file.

New *Daily Medication Log* must be completed each day medication is administered.

Complete entire form. Print clearly, using ink, not pencil.

Date: _____ Classroom: _____

Child's Name: _____ DOB: _____

Name of Medication: _____

Time medication last given at home: _____ A.M. P.M. (circle one)

Given by (print name and relationship) _____

Time(s) medication given at child care program: Given by (print name and sign)

_____ AM PM Exact dose administered: _____

Given by: print name _____

:signature _____

_____ AM PM Exact dose administered: _____

Given by: print name _____

:signature _____

_____ AM PM Exact dose administered: _____

Given by: print name _____

:signature _____

Comments: _____
