PARENT CONSENT FOR ADMINISTRATION OF MEDICATIONS AND MEDICATION CHART

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

CHILD CARE CENTER NAME:	LICENSE NUMBER:	DATE:
PARENT'S/DOMESTIC PARTNER'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/domestic partner, 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
MEDICATION NAME	DOSAGE

I authorize child care personnel to assist in the administration of medications described above to the child named above for the following medical condition/s:

From	BEGINNING DATE	ENDING DATE	daily while in attendance.			
PARENT'S/DOMEST	TC PARTNER'S SIGNATURE:		DATE:			
MEDICATION CHART Staff Documentation of Medicine Administration						
DATE	TIME GIVEN	STAFF SIGNATURE				
DATE	TIME GIVEN	STAFF SIGNATURE				
DATE	TIME GIVEN	STAFF SIGNATURE				
DATE	TIME GIVEN	STAFF SIGNATURE				
DATE	TIME GIVEN	STAFF SIGNATURE				

Upon Completion, return medicine to parent/domestic partner or destroy, and place form in child's record.

STAFF	DATE