

Child Care Program Name & Address
AUTHORIZATION TO ADMINISTER MEDICATION
Complete entire form. Print clearly, using ink, not pencil.

Today's Date: _____

Child's name: _____ DOB: _____

Please administer medication as specified below:

Name of medication: _____ Expiration date: _____

Date medication begins: _____ Date medication ends: _____

Does medication need to be stored in the refrigerator? Yes No

What is the medication for? _____

Instructions for use of medication:

Dosage/amount: _____ How administered: _____

When is medication to be given? (Circle and specify):

- At set times of day (specify time and AM/PM)

- When symptoms occur (such as pain, asthma, etc. - describe clearly):

- In an emergency (such as allergic reaction, anaphylaxis – describe clearly):

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

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

Possible side effects (such as drowsiness):

Possible complications and treatment:

Attach additional instructions from doctor, if necessary.

Doctor's name: _____ Phone: _____

Address: _____

Parent/guardian name (printed): _____

Parent/guardian signature: _____

Relationship to child: _____ Date: _____

Parents must pick up any medicines at the end of each week. Medicine will not be given to child or sibling to take home.

Child Care Program Name & Address
MEDICATION ADMINISTERED IN CHILDCARE
Daily Medication Form

To be completed each day medication is given.
Complete entire form. Print clearly, using ink, not pencil.

Date: _____

Child's name: _____ DOB: _____

Name of medication: _____

Time medication last given at home:

_____ AM PM (circle one) Given by: _____

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

_____ AM PM Name (print): _____

Signature: _____

_____ AM PM Name (print): _____

Signature: _____

_____ AM PM Name (print): _____

Signature: _____

Comments: