

FORM #1
PERMISSION TO ADMINISTER OVER THE COUNTER MEDICATIONS IN CHILD CARE
***(Use one form for each medication)**

Form to be completed by the child's health care provider:

Child: _____ Birthdate: _____

Medication: _____

Dosage: _____ Route: _____

Time of day medication to be given: _____

Special Instructions: _____

Purpose of Medication:

Possible Side Effects:

Start Date:

End Date:

Signature of Health Provider with Prescriptive Authority: _____

Phone # _____

Date: _____

To be completed by parent or guardian:

I hereby give my permission for _____ to take the above medication in child care, as ordered by the health care provider. I understand that it is my responsibility to furnish this medication.

Signature of parent/legal guardian _____ Date: _____

Note: The medication is to be brought to the child care center in the original container which clearly states the child's name, the health care provider, the name of the medication, date, time and dosage and route. This form must also be filled out completely in order for the medication to be given.

FORM #2

**MEDICATION ADMINISTRATION
Instructions for Health Care Provider**

Medication will be administered by Staff of _____ only when this form is completed and signed by the child's health care provider and parent/guardian.

Parent/guardian **must** administer the initial dose of ALL medications, **not** child care staff.

Over the counter, non-prescription medications must follow the same procedure as prescription medications.

**HEALTH CARE PROVIDER
Please provide the following information**

Child's first and last names: _____

Medical Condition being treated: _____

Medication: _____

Dosage: _____ Frequency/Time: _____ Route: _____

Duration of Treatment: (use dates) From: _____ To: _____

Comments or Specific Instructions: _____

Health Care Provider Signature

Date

Health Care Provider's Name: _____

[Please Print] Address: _____

Parent/Guardian Signature

Date

