Medication Administration in School or Child Care

The parent/guardian of _____ ask that school/childcare staff give the
(Child's Name)
Following medication_____at_____ to my child,
(Name of medicine and dosage) (times)
According to the Health Care Provider's signed instructions on the lower part of this form.

The Program agrees to administer medication prescribed by a licensed health care provider.
It is the parent/guardian's responsibility to furnish the medication.
The parent agrees to pick up expired or unused medication within on week of notification by staff.

Prescription medication: must come in a container labeled with: child's name, name of medicine, time medicine is to be given, dosage, date medicine is to be stopped, and licensed health care providers name. Pharmacy name and phone number must also be included on label.

Over the counter medication: must be labeled with child's name. Dosage must match the signed health care provider authorization, and medicine must be packaged in original container.

By signing this document, I give permission for my child's health care provider to share information about the administration of this medicine with the nurse or school staff delegated to administer medication.

_____ _____ _____
Parent/Legal Guardian's Name Parent/Legal Guardian Signature Date

_____ _____
Work Phone Home Phone

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Health Care Provider Authorization to Administer Medication in School or Child Care

Child's Name:_____ Birthdate:_____

Medication:_____

Dosage:_____ Route:_____

To be given at the following time(s):_____

Special Instructions:_____

Purpose of medication:_____

Side effects that need to be reported:_____

Start Date:_____ End Date:_____

_____ _____
Signature of Health Care Provider with Prescriptive Authority **License Number**

_____ _____
Phone Number **Date**

Please ask your pharmacist for a separate medicine bottle to keep at school/child care.