

MEDICATION ADMINISTRATION FORM

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 container with its unaltered label. Medications requiring refrigeration must be properly stored.
3. Prescription and nonprescription medication shall be administered in accordance with the label directions and information provided on this form.
4. Written consent must be provided from the parent, permitting childcare facility personnel to administer medications to the child. Instructions shall not conflict with the prescription label or product label directions.
5. If a child is receiving multiple medications, please fill in a section of the form separately for each medication to be administered. In cases where more than three medications need to be administered, please submit an additional form.

Disclaimer: It is each program and provider's responsibility to make sure the use of this template legally complies with your state and licensing regulations.

Child's full name:

Child's date of birth:

Medication #1 name:

Dosage:

Reasons for medication:

Possible side effects:

Directions for storage:

The medication will be administered from _____ [beginning date] to _____ [end date] at _____ [time of day] daily while in attendance.

Medication #2 name:

Dosage:

Reasons for medication:

Possible side effects:

Directions for storage:

The medication will be administered from _____ [beginning date] to _____ [end date] at
_____ [time of day] daily while in attendance.

Medication #3 name:

Dosage:

Reasons for medication:

Possible side effects:

Directions for storage:

The medication will be administered from _____ [beginning date] to _____ [end date] at
_____ [time of day] daily while in attendance.

I, _____ [full name], (parent or guardian) give permission to authorize staff at
_____ [name of childcare facility] to administer medication to my child as indicated above.

Parent / Legal Guardian signature: _____

Date of consent: _____