

Medication Administration Form

The (name of facility/center): _____ will administer medication to children for whom a plan has been made and approved by the Director. Because medication poses an extra burden on staff and having medication in the facility is a safety hazard, parents/guardians should check with the child's health care provider to see if a dose schedule can be arranged that does not involve the hours the child is in care by this facility/center. Parents/guardians may come to administer medication to their own child during the day.

If a liquid oral medication is to be administered at the facility/center, the parent/guardian must provide the administration device with clearly marked measurements (medicine sip-vial, medicine cup, dropper, or syringe).

Medication in Child Care:

1. Requires parent/guardian to complete and sign this *Medication Administration Form*; form shall be kept in the child's record with all supportive documentation.
2. Medication must be in original, child-proof container and labeled with child's name.
3. All medication containers and dispensers will be stored out of the reach of children and in a locked cabinet, or refrigerator if necessary, and will be returned to parent/guardian when completed.
4. Requires a written plan to record the administration of all medications and to inform the child's parent/guardian daily when such medications have been given.
5. When no longer needed by the child, or when the child withdraws from the program, all medications should be returned to the child's parent/guardian or disposed of after an attempt to reach parent/guardian.

Prescription Medications:

- Medication is administered in accordance with the pharmacy label directions as prescribed by the child's health care provider.
- The instructions from the child's parent/guardian shall not conflict with the label directions as prescribed by the child's health care provider.

Non-Prescription (Over-the-Counter) Medications:

- May be administered without approval or instructions from the child's health care provider.
- Shall be administered in accordance with the product label directions on the container.
- The instructions from the child's parent/guardian shall not conflict with the product label directions on the container.

AUTHORIZATION FOR MEDICATION ADMINISTRATION

I hereby authorize designated agents of (name of facility/center): _____

to administer the following medication to my child, _____. I further agree to indemnify and hold harmless this facility/center, their agents, and servants against all claims as a result of any and all acts performed under this authority.

Parent/Guardian Name _____ Telephone _____

My child's health care provider is _____ Telephone _____

My child's condition is _____

Purpose of medication is _____ Time of administration _____

Name of medication _____ Duration of administration _____

Method of administration _____ Possible side effects _____

In case of emergency, contact _____ Telephone _____

Parent/Guardian signature _____ Today's Date _____

Monthly Medication Record on back to be completed by person administering medication.

Name of Child _____

Monthly Medication Record

Dates to administer	Dosage amount	Time of administration	Staff signature and time given	Staff signature and second time given (if required)	Parent initial to acknowledge administration
Monday Date:					
Tuesday Date:					
Wednesday Date:					
Thursday Date:					
Friday Date:					
Monday Date:					
Tuesday Date:					
Wednesday Date:					
Thursday Date:					
Friday Date:					
Monday Date:					
Tuesday Date:					
Wednesday Date:					
Thursday Date:					
Friday Date:					
Monday Date:					
Tuesday Date:					
Wednesday Date:					
Thursday Date:					
Friday Date:					

Any additional comments and/or observations with staff initials: _____

Completed form and corresponding documentation is to be kept on-site in the child's file.