## **Medication Permission Form**

All medications need a completed Medication Permission Form in order to be administered. Please complete all fields.

Medication must be handed directly to the Administrator. Do not leave medication in your child's backpack. Siblings cannot share medication. Prescription or Written Order must be attached and have the pharmacy, physician, and child's name clearly shown. All dates on the bottle must be current. The initial dosage of a new medication must be given at home; it is recommended that the first daily dose be given at home. All medication must be in the original bottle. Please see the Administrator with any questions.

To be completed l	y the p	arent/	guardian:				
Child's first and last name:		Child's date of birth:		Site location:	Classroom name:		
			/ /				
Parent/Guardian first and last	Parent,	Parent/Guardian signature:		Parent/Guardian work #:	Parent/Guardian home #:		
Medication name:					Expiration date of medication:		
Strength of medication:					Start date for medication:		
Age appropriate/Provider specified dosage:					End date for medication:		
Time(s) for medication to be provided:					Does medication need to be kept refrigerated?	□ Yes □ No	
Medication will be administered means of (check one):	□ spoon	□ medio	ine cup □ dro	• •	□ topical cream □ nebulizo	er inhaler injection* ease also complete an Allergy Action Plan.	
# of pills / medication quantity							
Instructions for administration of medication:							
Health Care Provider and phone number:							
Medication side effects (if applicable):							
Instructions for storage and disposal of medication:							
Parent comments:							
Please check to ensure that:	:						
□ Child's Name is on medication □ □	_				-	Prescription or Written Order is attack	
All medication must have child's name & dosage clearly marked.							
Staff member receiving medic	ation (print	name):	Signature of	staff me	mber receiving medication:	Date:	

Administrator records all Medications given by utilizing the Daily Medication Log on the back of this Medication Permission Form.

Child's Name:
---------------

## Daily Medication Log

## Staff member completes. **No medication can be given without a completed Medication Permission Form attached to this Log**.

\*Record Comment: If the child is absent, log the date and box with an "A," If the medication was not given, log the date and mark box "NG." Document reason medication was not given- i.e., child did not bring in medicine, was not present for dosage, etc.

Non-F	Non-Prescription Medication: (Written Order must be attached)									
Date	Child's Temp. (if applicable)	Time Med. is given	Dosage/Amount Administered:	Medication Name	Staff #1: Name & Signature (2 witnesses required)	Staff #2: Name & Signature (2 witnesses required)	Time parent was called (when applicable)	Comment*		
		· ·								

Prescription Medication: (Prescription must be attached)										
Date	Remaining # of Pills	Time Med. is given	Dosage/Amount Administered:	Medication Name	Staff #1: Name & Signature (2 witnesses required)	Staff #2: Name & Signature (2 witnesses required)	Time parent was called (when applicable)	Comment*		
		_								