## **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

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 by the paren  Child's first and last name:		Child's date of	ld's date of birth: Site I		Classroom name:		
		/ /					
Parent/Guardian first and last name: Pare		Parent/Guardian	signature:	Parent/Guardian work #:	Parent/Guardian home #:		
				Expiration date of			
Medication name:				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 □ medicine cup □ dropper □ topical cream □ nebulizer □ inhaler □ injection*  * Please see Administrator. For allergies, please 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 □ Dosage is clearly marked on medication □ Medication is in the original bottle □ Prescription or Written Order is attach  All medication must have child's name & dosage clearly marked.							

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

## 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*