

MEDICATION ADMINISTRATION PERMISSION & RECORD

Information about the child and the medicine
(Completed by parent/guardian)

| | | | | |
|--|------|----------------------------|-----------------------|----------------------------|
| Child's Name | | | Child's Date of Birth | |
| Medicine | Time | Date | Dosage | Route |
| Expiration Date: | | | | |
| Special Instruction: | | | | |
| Possible Reactions: | | | | |
| Prescribing provider: | | | Phone: | |
| Pharmacy: | | | Phone: | |
| I give authorization to give medicine and to call the health care provider if needed. Parent/Guardian signature | | | | Date |
| RETURNED to Parent/Guardian | Date | Parent/Guardian signature | | Child Care Staff signature |
| | | | | |
| DISPOSED of Medicine | Date | Child Care Staff signature | | Witness signature |
| | | | | |

Medication Log
(Completed by child care provider)

| | Monday | Tuesday | Wednesday | Thursday | Friday |
|-------------------------------|--------------------|--------------------|--------------------|--------------------|--------------------|
| Medicine | | | | | |
| Date | | | | | |
| Actual time given | AM ____ PM ____ | AM ____ PM ____ | AM ____ PM ____ | AM ____ PM ____ | AM ____ PM ____ |
| Dosage/Amount | | | | | |
| Route | | | | | |
| Facility staff's Signature | | | | | |

| | Monday | Tuesday | Wednesday | Thursday | Friday |
|-------------------------------|--------------------|--------------------|--------------------|--------------------|--------------------|
| Medicine | | | | | |
| Date | | | | | |
| Actual time given | AM ____ PM ____ | AM ____ PM ____ | AM ____ PM ____ | AM ____ PM ____ | AM ____ PM ____ |
| Dosage/Amount | | | | | |
| Route | | | | | |
| Facility staff's Signature | | | | | |

| | Monday | Tuesday | Wednesday | Thursday | Friday |
|----------------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| Medicine | | | | | |
| Date | | | | | |
| Actual time given | AM _____ PM _____ | AM _____ PM _____ | AM _____ PM _____ | AM _____ PM _____ | AM _____ PM _____ |
| Dosage/Amount | | | | | |
| Route | | | | | |
| Facility staff's Signature | | | | | |

| | Monday | Tuesday | Wednesday | Thursday | Friday |
|----------------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| Medicine | | | | | |
| Date | | | | | |
| Actual time given | AM _____ PM _____ | AM _____ PM _____ | AM _____ PM _____ | AM _____ PM _____ | AM _____ PM _____ |
| Dosage/Amount | | | | | |
| Route | | | | | |
| Facility staff's Signature | | | | | |

| | Monday | Tuesday | Wednesday | Thursday | Friday |
|----------------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| Medicine | | | | | |
| Date | | | | | |
| Actual time given | AM _____ PM _____ | AM _____ PM _____ | AM _____ PM _____ | AM _____ PM _____ | AM _____ PM _____ |
| Dosage/Amount | | | | | |
| Route | | | | | |
| Facility staff's Signature | | | | | |

Describe error or mishap in a Medical Error Form

| Date/time | Error/Mishap | Parent/Guardian Notified? | Child Care Staff Signature |
|-----------|--------------|---------------------------|----------------------------|
| | | __Yes __No | |
| | | __Yes __No | |