## **MEDICATION CONSENT FORM**

## FOR PARENT USE:

Name of Child:						
Name of medication:						
Please √ one of the following:  Prescription  Oral/Non Prescription  Unanticipated Non-Prescription for mild symptoms  Topical Non-Prescription (applied to open wound/broken skin)  Topical Non-Prescription (applied to unbroken skin)  (Note: Parent signature onlyphysician's not needed.)						
My child has previously taken this medication						
My child has not previously taken this medication, but this is an emergency medication and I,, give permission for staff to give this medication to my child in accordance with his/her individual health care plan.						
Dosage:						
Date(s) medication to be given:						
Times medication to be given:						
Reason for medication:						
Possible side effects:						
Directions for storage:						
Name of prescribing health care practitioner:						
Phone number of prescribing health care practitioner:						
Child's Health Care Practitioner Signature Date						
I, authorize educator(s) to administer medication to my child as indicated above.						
Parent/Guardian Signature Date						
FOR STAFF USE: Medication can be administered only if the answers to all the questions are "Yes"						
Who trained the staff? Early Education and Care						
Has the Medication Consent form been completed? Is the medication in a safety cap container?						
Is the medication in a safety cap container? Is the original prescription label on the medication container (if it is a prescription medication) or an						
accompanying prescription for an over-the-counter medication in its original container/tube/box?						
Is the child's name on the prescription label of the medication bottle/tube/box or handwritten on the bottle/tube/box if it is an over-the counter medication?						
Is the date on the prescription current (within the month for antibiotics and within the year for everything else? Expiration date for the drug/cream etc. must be within the allowed dosage dates.						
Is the name of drug, dose and frequency of administration given on the label consistent with parental instructions?						
Staff Signature: Date:						

## MEDICATION ADMINISTRATION RECORD

## **DIRECTIONS:**

- 1. Provide the Office with a copy of the front of this form and the original prescription written for an over-the counter medication. A prescription medication must have a pharmacy label attached to it.
- 2. Enter ALL dates for which the prescription has been prescribed. Enter the expiration date of the medication to be given in the box provided above: **prescription meds:** the last date the medicine can be given as noted by the prescription; **over-the-counter meds:** 1 year from the date the medicine was first prescribed.
- 3. Fill in the appropriate boxes for EACH DAY that the medicine was prescribed. Example:

S a DATTE	TIME	MEDICATION	CHECK LABEL 3 TIMES	5 RIGHTS Addressed	DOSE	ROUTE	STAFF SIGNATURE	MISDOSES ERRORS	CHILD REFUSAL	EXPLAIN REFUSAL
5/4/ <b>2</b> 014	11am	Amoxicillin	Yes	Yes	1 tsp	oral	Jumero pur			
5/5/2014	Sat	Amoxicillin								
<b>e</b> 5/6/2014	Sun	Amoxicillin								
5/7/2014	Child Absent	Amoxicillin								
5/8/2014	Medicatio	on not provided	by parent							

- 4. After the last dosage that MCC is responsible for, or when the expiration date is reached, place this form in the "Office Box" or bring it to the Office.
- 5. Return medication, and/or containers to parents when MCC responsibility has been met. Sign form.
- 6. If you have any questions, seek help from the Office or a senior staff member.

RECORD: CHILD'S NAME

WEI	DICATION:						EXPIRATION D	ATE		
DATE	TIME	MEDICATION	CHECK LABEL 3 TIMES	5 RIGHTS ADDRESSED	DOSE	ROUTE	STAFF SIGNATURE	MISDOSES ERRORS	CHILD REFUSAL	EXPLAIN REFUSAL
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The medication is returned to the parent.	
Staff Signature:	Date:
	SG/LG/SAMedicationConsent20100122