Request and Consent for Administration of Medication Form

Instructions:

1. Medication is administered to a child only where a parent/guardian gives written authorization with a schedule that sets out the times and amounts
2. Medications are to be in their original containers with the child's name on it.
3. Store medications as directed by your centre's policy.
4. Complete this form for each medication.

I authorize the administration:

of _____ (Medication)

to _____ (Child's Name)

by_____ (Child Care Centre Staff)

Start Date: _____

End Date: _____

Use the following instructions:

Dosage: _____

Method of Administration:

i.e. drops, oral etc.

_____

Time(s) of Administration:

_____

Storage: _____

Side Effects:_____

Stop Medication if the following reaction(s) is/are observed: _____

Name of Prescribing Physician:

_____

_____ _____

Date Parent's Signature

ADMINISTRATION RECORD

Date	Time Given	Amount Given	Staff Initial	Comments/ Observations Date Return