“Where kids count”

**Medication Information and Consent Form**

To be completed by parent/guardian – **One for each medication**.

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| --- | --- |
| **Child’s Name:** | **Medication:** |
| **Doctor’s Name:** |

**Reason for medication: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. Prescription Drugs: We will give these exactly as shown on the label only.
2. Other Drugs: We will give these only if recommended by your doctor.

|  |  |  |
| --- | --- | --- |
| **Complete for Either 1 or 2** | | |
| **Dose:** | | **Method of Administration:** |
| **Start Date:** | **End Date:** | **Times of Day:** |
| **Other Instructions:** | | |
| **Side Effects to be Aware of:** | | |

I authorize this day nursery to administer the medication named above to my child and I certify

that the instructions given are as recommended by a physician.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Parent/Guardian Signature

|  |  |
| --- | --- |
| **Sheet prepared by:** | **Sheet No:** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date** | **Time** | **Amount**  **Given** | **Child’s Name**  **(Printed)** | **Staff**  **Signature** |
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Instructions for staff:

1. Write STOP after last date/time. 2) File after completion