

"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: | Reason for Medication: \_\_\_\_\_\_\_\_\_\_\_\_\_\_  Medication: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Medication Expiry Date:\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Doctor's Name: |

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.

|  |  |  |
| --- | --- | --- |
| Dose: |  | Method of Administration: |
| Start on: Last Day: | | 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 NamePrinted | Staff Signature |
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Instructions for staff:

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

Medication Returned to the Parent/Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Staff Signature) (Date)



**“Where kids count”**

**Medication Sheet**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Sheet prepared by:** | | | | **Sheet No:** | |
| **Date** | **Time** | **Amount**  **Given** | **Child’s Name**  **(Printed)** | | **Staff**  **Signature** |
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Instructions:

1. One sheet per medication per child.
2. Insert all dates, using start and stop dates from the front of the sheet.
3. Write STOP after last date/time.
4. File after completion.