

MEDICATION ADMINISTRATION PERMISSION AND RECORD

**Information about the child and medicine**

**(Completed by the parent/guardian)**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Child’s Name: | | | | Date of Birth: | | | |
| Medicine:  Expiration Date: | | Time: | | Date: | Dosage: | | Route: |
| Special Instructions: | | | | | | | |
| 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: | | | Staff Signature: | |
|  | |  | | |  | |
| DISPOSED of Medicine | Date: | | 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:** |  |  |  |  |  |
| **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:** |  |  |  |  |  |
| **Staff’s Signature** |  |  |  |  |  |