

For child care program use:
Discontinue date:

Medication Consent Form & Log

Emergency Medicine (EM): Yes No

EM = Asthma inhaler & nebulizer, auto-injected epinephrine/diphenhydramine
 (Child care program to circle Y/N)

1) Child's Name		2) Name of Medication (including strength)	
3) Amount/dose to be given:		4) Where/how to administer (route)	
5a) Time to administer medication, frequency, and when to repeat:			
5b) Signs & symptoms for as needed medication:			
6) Child's known allergies		7) Date of birth	8) Most current weight
9) Condition for which medication is prescribed:	10) Is this a Special Health Care Need? (circle) Yes No		11) Is the child asthmatic: (circle) Yes No
12) Most common side effects & action to take: (if this box is NOT completed, child care provider will use package insert)			
13) Special instructions: (if this box is NOT completed, child care provider will use package insert)			
14) Is this a change from a previous medication order? (circle) Yes No			
15) Date prescriber authorized:		16) Date to be discontinued: (cannot be longer than 6 months <5years or 1 year 5 years and older):	
17) Prescriber's printed name:		18) Prescriber's telephone number:	
19) Licensed authorized prescriber's signature: (or attach copy of prescription)			
Parent Consent: Signature & date completed below authorize the child care program to administer the medication listed above to the child listed above.			
20) Parent or Legal Guardian's printed name:		21) Date:	
22) Parent or Legal Guardian's signature:			
Child Care Program Acknowledgement: Signature & date of authorized child care program representative acknowledge receipt of completed Medication Consent Form that is correct and in agreement with supplied medication. For EM medications signature & date acknowledge receipt of completed Emergency Plan for child and acknowledgement of program's responsibility to follow all safety procedures in the Health Care Plan and child care regulations.			
23) Child care provider's printed name:		24) Date:	
25) Child care provider's signature:			

Log of Administration of Medication

Complete for all doses given (attach additional medication logs as needed)				Complete for side effects		Complete for "as needed" medication	
Date	Dose	Time (am/pm)	Signature of administrator	Side effects noted	Parent notified (Yes/No)	Symptoms child exhibited	Parent notified (Yes/No)

