Chesterbrook Academy

Permission to Administer Medication for Chronic Medical Conditions And Allergic Reactions

Authorization must be provided for staff to administer prescription or over-the-counter medication to a child, when needed, for chronic medical conditions and for allergic reactions. Medication must be provided in its original container and labeled clearly with the child's name. Staff will keep medication out of reach of children, five feet off the floor, when not in use.

Child's Name: ______________________________ Medical Condition: ______________________

Name of Medication: ____

Criteria for giving the medication: ____

____

Amount: ____

Time / Frequency of dosage: ____

Describe how the medication is to be administered: ____

____

From: _______ /______ / ______ To: ______ /_______ /______ ***Permission may be given for up to 6 months***

I give permission to my child care provider to give the medication listed above as instructed.

____ ______________________

Parent/Guardian Signature **Date**

Medication Log

(Completed by child care provider)

Name of Medication					
Dosage Amount					
Time Given					
Date					
Signature					

Name of Medication					
Dosage Given					
Time Given					
Date					
Signature					

Medication received, returned, or disposed of:

	Date	Amount	Parent/Guardian Signature	Child Care Provider Signature
Received from Parent/Guardian				
	Date	Amount	Child Care Provider Signature	Witness Signature
Returned to Parent/Guardian				
	Date	Amount	Child Care Provider Signature	Witness Signature
Disposed of Medicine				

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Medication Log Continued

(Completed by individual that administered medication)

Child's Name: ______________________________ Medical Condition: ______________________

Name of Medication					
Dosage Given					
Time Given					
Date					
Signature					

Name of Medication					
Dosage Given					
Time Given					
Date					
Signature					

Name of Medication					
Dosage Given					
Time Given					
Date					
Signature					

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