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Office of Early Learning and School Readiness

Preschool and School Age Child Care Medication Form

Revised 7/11/2016

A Medication Form is a request for the administration of prescription and non-prescription medication.

A separate form must be completed for each medication.

Except in cases of emergency, families provide the first dose of any newly prescribed medication so that they may personally observe the child's reaction.

Section I - Request for Administration of Medication

Name of Child _____ Child's Age _____

Medication Name _____ Dosage _____

Staff Authorized to Administer Medication _____ Dosage Time/s _____

Physician Signature _____ Date _____

All prescription medicine must be current within the last twelve months, kept in its original container and have a legible label containing the child's name and written instructions for use from a licensed physician, nurse practitioner, or dentist.

All medicines must be kept in a place inaccessible to children. An inhaler or nonprescription medication may be available to a school child with a special health condition with parental permission in accordance with the program's policy.

Section II - Authorized Staff Member Medication Log

Dosage Date/Time	Dosage Amount	Trained and Authorized Staff Member Signature