

PRESCRIPTION MEDICATION FORM

This form is to be filled out with every course of medication for each child. Each dose must be logged and signed by the staff who is administering the medication.

If the child is absent or medication is missed, that day must also have an entry documenting the absence or reason for the missed dose.

Unused medication must be returned to the parent for disposal.

Child's Name			Name	e of Medication			
Dose:	_ Time(s) f	to be admir	nistered	Expiry Date (if applica	Expiry Date (if applicable)		
				ble):			
	oing when	should it h	ວe given (sy	ymptoms)			
□ Refrigerated□ Not Refrigerated							
Method of Medication		etration					
☐ Childcare staff	ЛІ АЧІІІІІ.	Ju auon					
		on (optiona	I for school	l-age children grade 1-5)			
□ I authorize my o		rrv asthma	medication	ı (i e nuffers)			
_		-		on child and one with staff)			
☐ Only staff carry		•	• •	•			
Additional informati	ion						
Additional informati							
Parent/Guardian Sig	 gnature		Date	Authorization form completed			
Reviewed by (Staff	Signature)):		Date:			
Medication Adminis	tration loc	J					
Administered by:	Dose	Time	Date	Log reason if dose was missed or given at time other than stated in the original instructions	Staff Signature.		

Continue medication log

Administered by:	Dose	Time	Date	Log reason if dose was missed or given at time other than stated in the original instructions	Staff Signature
<u>l</u>	<u> </u>				

Medication was returned to: _		on:
	Parent name	Date