

Prescription Medication Products Authorization / Administration Form

TO BE COMPLETED BY PARENT

Child's Name: _____ Date of Birth: ___/___/___
 Program Name: Jack and Jill Childcare Today's Date: ___/___/___

To administer a prescription medication:

- The medication must be in its original container, with a legible label from the pharmacy indicating child's name, date (covers period when medication is to be given), name of medication, dosage, instructions for use (is consistent with parent's request), doctor's/nurse practitioners name, pharmacy name and telephone number.
- Samples must be accompanied by a doctor's written prescription.
- Medications are to be given only to the child indicated on the label (twins and siblings can not share).
- A separate authorization is required for each medication and each episode of illness.
- Label constitutes the physician/nurse practitioner's order.
- Parent/guardian is to give as many doses as possible at home.

Medication: _____

Reason for giving: _____

Start date: ___/___/___ End date: ___/___/___

Dosage: _____ Time(s) to be given at child care: _____ AM, _____ PM

Last dose was given at _____ AM/PM (circle) on date ___/___/___

Route: by mouth, skin (location) _____, eye (R/L), ear (R/L) (circle)

Possible side effects: _____

Special handling/storage instructions: _____ Refrigeration?: Yes / No

Parent/Guardian's Signature required: _____

Physician/Nurse Practitioner's Signature: _____

(for over-the-counter medication requiring medical consent, otherwise the pharmacy label indicates physician's permission)

Child care provider must record for each dose given with full signatures below

Days	Date	Time	Dosage	Safety Check	Initials
Monday	:	:	:	:	:
Tuesday	:	:	:	:	:
Wednesday	:	:	:	:	:
Thursday	:	:	:	:	:
Friday	:	:	:	:	:
Monday	:	:	:	:	:
Tuesday	:	:	:	:	:
Wednesday	:	:	:	:	:
Thursday	:	:	:	:	:
Friday	:	:	:	:	:

Corresponding Signatures: _____

* Unused medication: Returned to parents? Yes / No **or**, discarded appropriately (circle one)

by: _____ Date: ___/___/___

***Keep this form in the child's file when medication is finished.**

Jack and Jill Childcare and JJ's Jam



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