

**Medication Administration in School or Child Care**

The parent/guardian of \_\_\_\_\_ ask that school child care staff give the  
following medication: \_\_\_\_\_ at \_\_\_\_\_  
(Child's name) (Name of medicine and dosage) (Time)

To my child, according to the Health Care Provider's signed instructions on the lower part of this form.

The Program agrees to administer medication prescribed by a licensed health care provider. It is the parent/guardian's responsibility to furnish the medication. The parent agrees to pick up expired or unused medication within one week of notification by staff.

**Prescription medications** must come in a container labeled with: child's name, name of medicine, time medicine is to be given, dosage, date medicine is to be stopped, and licensed health care provider's name. Pharmacy name and phone number must also be included on the label.

By signing this document, I give permission for my child's health care provider to share information about the administration of this medication with the school staff delegated to administer medication.

Parent/Legal Guardian Name \_\_\_\_\_ Parent/Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Other Phone \_\_\_\_\_

Please see the reverse side of this form for the Macfeat Medication Administration policy.

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**Health Care Provider Authorization to Administer Medication in School or Child Care**

Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Medication: \_\_\_\_\_

Dosage: \_\_\_\_\_ Route \_\_\_\_\_

To be given at the following time(s): \_\_\_\_\_

Special Instructions: \_\_\_\_\_

Purpose of medication: \_\_\_\_\_

Side effects that need to be reported:

Starting Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_

Signature of Health Care Provider with Prescriptive Authority \_\_\_\_\_

License Number \_\_\_\_\_

Phone Number \_\_\_\_\_

Date \_\_\_\_\_

*Please ask the pharmacist for a separate medicine bottle to keep at school/child care.  
Thank you!*

## Medication Administration in School or Child Care

### Medication Policy from the Macfeat Family Handbook:

**Medications** – The following guidelines apply:

- a. No medication will be administered with the exception of EpiPens and breathing treatments; if your child needs a prescribed or over-the-counter medication during the hours in which they are present at school, the parent or legal guardian must come to school and administer the medication. Please see the Director with any questions regarding this policy.
- b. If medication is necessary, parents/guardians must complete and sign the *Medication Administration* form listing child's name, date, type of medication, dosage and time(s) to be given. Instructions and a signature from a licensed health care provider must also be provided. Also, list possible side effects. Give this form to your child's teacher as needed.
- c. Medication must be in the original container with the pharmaceutical prescription label or manufacturer's instructions, clearly labeled with the child's full name, date, name and strength of the medication, the name of the licensed health care provider, and expiration date. Medicines are kept in a locked box and can be refrigerated if necessary.
- d. Medications must be accompanied by written instructions provided by the prescribing health care provider.
- e. A lead teacher, graduate assistant or the director, trained annually in the proper techniques of medicine administration will administer medications. A copy of this record will be sent home to parents at the end of each week, as needed, and the original copy will be kept in each child's file.
- f. Medication errors are to be recorded in the child's record and the parent shall be immediately notified and notified in writing of a medication error or a suspected adverse reaction to a medication. If the error requires medical attention, DSS will be notified.