

Medication Consent Form & Log

EMW medicine: Yes No
 EMW = Emergency Medication Waiver Medication
 (Child care program to circle Y/N)

| | | | |
|--|------|---|-------------------------------------|
| 1) Child's Name | | 2) Name of Medication | |
| 3) Amount/dose to be given: | | 4) Where/how to administer (route) | |
| 5a) Time to administer medication, frequency, and when to repeat: | | | |
| 5b) Signs & symptoms for as needed medication | | | |
| 6) Child's known allergies | | 7) Date of birth | |
| 8) Most current weight | | | |
| 9) Condition for which medication is prescribed: | | | |
| 10) Is the child asthmatic. (circle) Yes No | | | |
| 11) Most common side effects: (if this box is NOT completed, child care provider will use package insert) | | | |
| 12) Special instructions: (if this box is NOT completed, child care provider will use package insert) | | | |
| 13) Date prescriber authorized: | | 14) Date to be discontinued: (cannot be longer than 6 months): | |
| 15) Prescriber's printed name: | | 16) Prescriber's telephone number: | |
| 17) Licensed authorized prescriber's signature: (or attach copy of prescription) | | | |
| Parent Consent: Signature & date completed below authorize the child care program to administer the medication listed above to the child listed above | | | |
| 18) Parent or Legal Guardian's printed name: | | 19) Date: | |
| 20) Parent or Legal Guardian's signature: | | | |
| Child Care Program Acknowledgement: Signature & date of authorized child care program representative acknowledge receipt of completed Medication Consent Form that is correct and in agreement with supplied medication. For EMW medications signature & date acknowledge receipt of completed Emergency Plan for child and acknowledgement of program's responsibility to have sufficient staff trained and present to administer medication and/or certified in CPR. | | | |
| 21) Child care provider's printed name: | | 22) Date: | |
| 23) Child care provider's signature: | | | |
| Log of Administration of Emergency Medication | | | |
| Complete for all doses given (attach additional medication logs as needed) | | Complete for side effects | |
| Date | Dose | Time (am/pm) | Signature of administrator |
| | | | Side effects noted |
| | | | Parent notified (Yes/No) |
| | | | Symptoms child exhibited |
| | | | Parent notified (Yes/No) |
| | | | Complete for "as needed" medication |