

## **Medication Form**

(As Required)

Child Care Regulation 27(1) requires every licensee who agrees to administer medication to a child to: (a) obtain prior written authorization to administer the medication from the child's parent; and (b) ensure written records of each dose of medication administered to a child are maintained.

## **Medication Authorization**

| * A separate for   | m must b                 | e complet                         | ted for ea               | ach type o  | f medica    | tion admir  | nistered.  |
|--|--------------------------|-----------------------------------|--------------------------|-------------|-------------|-------------|--|
| Child's Name:  |                          |                                   |                          |             |             |             |  |
| Name of Medication:  | :                        |                                   |                          |             |             |             |  |
| Dosage:  |                          |                                   |                          |             |             |             |  |
| Times of day to be ac  | dministere               | d:                                |                          |             |             |             | ,  |
| Child care centre or c   | child care h             | nome provid                       | der name:                |             |             |             |  |
| I hereby authorize stamedication in the dos  Note: Personal healt in the course of revie | sage and t<br>th informa | he times of<br><i>Ition may b</i> | day indica<br>e disclose | ated to the | above nai   | med child.  | administer the above named  of Education   |
| Date:/<br>Year Me  | /<br>onth                | Day                               |                          | S           | ignature of | parent/guar | rdian  |
| was administered.  | tion recor               | on who ad                         | ministers                | s the child | 's medica   |             | indicate the times of day that the medication place his/her initials in the appropriate box. |
| Date   | T:                       |                                   |                          | ministere   | 1           | luitiala.   | Comments   |
| Year/Month/Day   | Time                     | Initials                          | Time                     | Initials    | Time        | Initials    | Comments   |
|  |                          |                                   |                          |             |             |             |  |
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|  |                          |                                   |                          |             |             |             |  |

| Date   |           |             | Γimes Ad | ministere  |      |          |          |  |  |  |
|--|-----------|-------------|----------|------------|------|----------|----------|--|--|--|
| Year/Month/Day   | Time      | Initials    | Time     | Initials   | Time | Initials | Comments |  |  |  |
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|  |           |             |          |            |      |          |          |  |  |  |
|  |           |             |          |            |      |          |          |  |  |  |
| Medication Termination   |           |             |          |            |      |          |          |  |  |  |
| Medication has been  | terminate | d on:<br>Ye | ar N     | /<br>lonth | Day  |          |          |  |  |  |
| Signature of parent/guardian Signature of child care centre supervisor/child care provider |           |             |          |            |      |          |          |  |  |  |

This form must be retained on file at the child care centre or the child care home for the period of time as outlined in Section 36 of *The Child Care Regulations*, 2015.

Government of Saskatchewan