

Santa Rosa Rise and Shine Child Care Center

PHYSICIAN'S MEDICATION ADMINISTRATION INSTRUCTIONS

(REQUIRED FOR OVER THE COUNTER & AS NEEDED MEDICATIONS)

In order for *Santa Rosa Rise and Shine Child Care Center* to administer any over the counter or as needed medications, we must have the following instructions in writing and signed by a licensed medical provider. A separate form needs to be completed for each medication.

To Be Filled Out By Parent

Classroom: _____ Date: _____

Child's Name: _____ Birth Date: _____

Parent's Name: _____ Phone #: _____

Medication Information

Start Date: _____ End Date or When Empty: _____

Name of Prescribed Medication: _____

Method of Use (only oral, inhaled or topical medications will be given at the Children's Center):

Oral

Inhaled

Topical

Dosage Prescribed: _____

Number of Times Given per Day or Time of Day to be Given: _____

Illness or Condition Treating: _____

Medication Storage Instructions: _____

Possible Side Effects: _____

Physician's Information

Name of Prescribing Physician: _____

Prescribing Physician's Phone #: _____

Further Instructions

In case of an unexpected reaction to the medication do the following : _____

I/We the undersigned physician/licensed medical professional of the above listed child authorize *Santa Rosa Rise and Shine Child Care Center* and any staff member to administer the above listed medication. I/ We agree to inform the provider of any changes in the above instructions in which case a new Physician's Medical Administration Instructions form will be completed.

Physician or Authorized Staff Signature (include title): _____

Date: _____