



Medication Administration at Creative Avenues Preschool and Learning Center

***NOTE: each required medication MUST have its own form and MUST be completed by your physician; each form will be reviewed by our Nurse Consultant and a designee will be assigned for medication administration**

The parents or guardians of ask that the staff give the following medication

Name of medication:

Dosages (amount and times):

to my child, according to the Health Care Provider’s signature on the lower part of this form.

- The Center agrees to administer the medication prescribed by a licensed health care provider. It is the parent or guardian’s responsibility to furnish the medication.
- The parent or guardian agree to pick up any 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, and date medicine is to be stopped, and the licensed health care providers name. The pharmacy name and phone number must also be included on the label.
- Over the counter medication must be labeled with the child’s name. Dosage must match the signed health care provider authorization and medicine must be packaged in its original container.

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 staff delegated to administer medications.

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Parent/Guardian Signature

Date

Health Care Provider Authorization to Administer Medications

Child’s Name Date of Birth

Medication

Dosage Route

Time of day medication is to be given

Starting Date Ending Date

Anticipated number of days medication needed to be given by the Center

Purpose of medication and Possible Side Effects:

Signature of Health Care Provider with Prescriptive Authority

License Number Phone Date