

# DREAMLAND CHILDCARE CENTERS

## MEDICATION CONSENT FORM

First & Last Name of CHILD:			Birthday:	
Type/Name of Medication:	Prescription #:	Dosage:	Route (method)*:	
INSTRUCTIONS:				
REASON:				
I give permission for the administration of the medication, according to the instructions listed, to the child listed above.				
Date of authorization:		Signature (parent/guardian):		

Possible Side Effects to watch for: \_\_\_\_\_

**\*INJECTIONS: ATTACH HEALTH CARE PROVIDER'S WRITTEN AUTHORIZATION.\***

<b>STAFF REVIEW BEFORE GIVING MEDICATION: (staff initial)</b>	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5
Is the medication consent form complete?					
Is the original prescription label on the medication container or prepackaged and labeled for use by manufacturer?					
Is the full name of the child on the container? (First & Last)					
Is the prescription or over-the-counter medication current?					
Is the dose, name of drug, frequency of administration given on label consistent with instructions above?					

### MEDICATION CHART

Dose 1	Date:	Required Time:	Time Given:	Staff Signature:
Dose 2	Date:	Required Time:	Time Given:	Staff Signature:
Dose 3	Date:	Required Time:	Time Given:	Staff Signature:
Dose 4	Date:	Required Time:	Time Given:	Staff Signature:
Dose 5	Date:	Required Time:	Time Given:	Staff Signature:

Upon completion, return medicine to parent or destroy, and place form in child's record.

Staff Signature \_\_\_\_\_ Date \_\_\_\_\_

<b>Dose 6</b>	<b>Date:</b>	<b>Required Time:</b>	<b>Time Given:</b>	<b>Staff Signature:</b>
<b>Dose 7</b>	<b>Date:</b>	<b>Required Time:</b>	<b>Time Given:</b>	<b>Staff Signature:</b>
<b>Dose 8</b>	<b>Date:</b>	<b>Required Time:</b>	<b>Time Given:</b>	<b>Staff Signature:</b>
<b>Dose 9</b>	<b>Date:</b>	<b>Required Time:</b>	<b>Time Given:</b>	<b>Staff Signature:</b>
<b>Dose 10</b>	<b>Date:</b>	<b>Required Time:</b>	<b>Time Given:</b>	<b>Staff Signature:</b>
<b>Dose 11</b>	<b>Date:</b>	<b>Required Time:</b>	<b>Time Given:</b>	<b>Staff Signature:</b>
<b>Dose 12</b>	<b>Date:</b>	<b>Required Time:</b>	<b>Time Given:</b>	<b>Staff Signature:</b>
<b>Dose 13</b>	<b>Date:</b>	<b>Required Time:</b>	<b>Time Given:</b>	<b>Staff Signature:</b>
<b>Dose 14</b>	<b>Date:</b>	<b>Required Time:</b>	<b>Time Given:</b>	<b>Staff Signature:</b>
<b>Dose 15</b>	<b>Date:</b>	<b>Required Time:</b>	<b>Time Given:</b>	<b>Staff Signature:</b>
<b>Dose 16</b>	<b>Date:</b>	<b>Required Time:</b>	<b>Time Given:</b>	<b>Staff Signature:</b>
<b>Dose 17</b>	<b>Date:</b>	<b>Required Time:</b>	<b>Time Given:</b>	<b>Staff Signature:</b>
<b>Dose 18</b>	<b>Date:</b>	<b>Required Time:</b>	<b>Time Given:</b>	<b>Staff Signature:</b>
<b>Dose 19</b>	<b>Date:</b>	<b>Required Time:</b>	<b>Time Given:</b>	<b>Staff Signature:</b>
<b>Dose 20</b>	<b>Date:</b>	<b>Required Time:</b>	<b>Time Given:</b>	<b>Staff Signature:</b>
<b>Dose 21</b>	<b>Date:</b>	<b>Required Time:</b>	<b>Time Given:</b>	<b>Staff Signature:</b>
<b>Dose 22</b>	<b>Date:</b>	<b>Required Time:</b>	<b>Time Given:</b>	<b>Staff Signature:</b>
<b>Dose 23</b>	<b>Date:</b>	<b>Required Time:</b>	<b>Time Given:</b>	<b>Staff Signature:</b>
<b>Dose 24</b>	<b>Date:</b>	<b>Required Time:</b>	<b>Time Given:</b>	<b>Staff Signature:</b>
<b>Dose 25</b>	<b>Date:</b>	<b>Required Time:</b>	<b>Time Given:</b>	<b>Staff Signature:</b>
<b>Dose 26</b>	<b>Date:</b>	<b>Required Time:</b>	<b>Time Given:</b>	<b>Staff Signature:</b>
<b>Dose 27</b>	<b>Date:</b>	<b>Required Time:</b>	<b>Time Given:</b>	<b>Staff Signature:</b>
<b>Dose 28</b>	<b>Date:</b>	<b>Required Time:</b>	<b>Time Given:</b>	<b>Staff Signature:</b>