



Medication Administration Record

Page 1 of 2 (must copy back to back)

Authorization For Parent to Complete

(A separate authorization is required for each medication)

I, _____, give permission for _____
Parent Child Care Center

To give _____ the following medication:
Full First and Last Name of Child

Medication: _____ Prescription # (if applicable) _____

Amount/Dose: _____

Time of Dose/Frequency: _____

Route of administration: Oral Rectal Topical Inhaled Eye/Nose/Ear Other: _____

Start Date: _____ End Date: _____

Possible Side Effects: _____

Physician Signature : _____ Date: _____

(Physician Signature not required on prescription medications affixed with prescription label)

Parents Signature: _____ Date: _____

Parent Signature Required

For Staff to Complete

(Give medicine only if you can answer yes to all questions below)

| | | |
|---|-----|----|
| Is the Medication Administration Authorization Complete? | Yes | No |
| Is the medication in a child-resistant container? | Yes | No |
| Is the original prescription label on the medication container? (if applicable) | Yes | No |
| Is the prescription current? (if applicable) | Yes | No |
| Is today's date before the expiration date? | Yes | No |
| Is the child's first and last name on the container? | Yes | No |

The 6 rights of Medication Administration must be checked every time:

- | | | |
|---------------------|---------------|------------------------|
| 1. Right Child | 3. Right Dose | 5. Right Route |
| 2. Right Medication | 4. Right Time | 6. Right Documentation |

- Unused medication: Date returned to parents: _____ Signature: _____
- This form must be placed in child's file when medication is finished.
- See Page 2 to document Medication Administration (page 2 must be copied back to back with page 1)

| | |
|-------------------------------|-------------------------------|
| Teacher's Printed Name | Teacher's Printed Name |
| | |
| | |



Medication Administration Record
Page 2 of 2 (must copy back to back)

| Date | Dose | Time | Dispensed By (signature to match teachers name on front side) | Comments |
|------|------|------|---|----------|
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