

Medication Request for Child Care Provider

Parent Information:

Where possible, the child's medical provider should arrange a medication schedule that does not involve administering medication during the hours the child is in the Center.

When a child is on a new medication, the parents agree to give the first dose at home so the parents / guardians may observe any side effects from the medication.

All medication must be brought to the Center in the original container.

Medication will not be given to the child if the medication spoon / device is not provided, as the proper dosage cannot be given as prescribed using other measuring devices.

Parents are responsible for monitoring remaining medication and providing the Center with refills where required.

Parents are responsible for monitoring the expiration date of all prescription and non-prescription medication, including parent-provided topical ointments such as sunscreen and diaper cream, and replacing expired product.

Parental Consent Form: Prescription Medication

The first part of this form must be filled out and signed by the child's doctor; alternatively the parent may fill in the form below and provide a copy of the Pharmacy instructions (with the Doctor's name on the instructions or receipt.)

The second part of the form must be filled out and signed by the child's parent/guardian. Both parts of this form must be completed to enable the child care provider to administer prescription medication to the child.

For non-prescription medication, parents please fill out and sign Part 3 of this form.

Part 1. Physician's Orders for Prescription Medication

Name of child _____

Medication _____

Condition for which prescribed _____

Dosage _____

Time of administration _____

Dates of administration (check one box and fill in the information):

- For _____ (number of) days, starting immediately.
- From _____ until _____ (insert dates)
- Administer the medication as directed until it runs out.

Possible side effects _____

Other notes: _____

(Continue on the back of this form if necessary.)

Physician's signature _____ Date _____

Physician's address _____

Physician's phone number _____

Part 2. Parent/Guardian's Request to Administer Prescription Medication

I, _____, parent/guardian of the above child, request that Primeros Pasos, LLC, child care provider, administer the above medication to my child as prescribed above by the child's physician.

Parent or legal guardian's signature Date of signature

Parent or legal guardian's signature Date of signature

Parental Consent Form: Non-Prescription Medication

This part of the form must be filled out and signed by the child's parent/guardian to enable the child care provider to administer non-prescription medication to the child.

All medication must be brought to the Center in the original container.

For liquid medications, parents will provide a medication dosage spoon / device labeled with the child's name.

Parents will complete the below form for all topical ointments other than parent-provided sunscreen and diaper cream.

Part 3. Parent/Guardian's Request to Administer Non-Prescription Medication

I, _____, parent/guardian of the above child, request that Primeros

Pasos, LLC, child care provider, administer the above medication to my child as described below.

Name of child _____

Non-Prescription Medication _____

Condition to be Addressed by Medication _____

Dosage _____

Time of administration _____

Dates of administration (check one box and fill in the information):

- For _____ (number of) days, starting immediately.
- From _____ until _____ (insert dates)
- Administer the medication as directed until it runs out or until further notice.

Parent or legal guardian's signature

Date of signature

Parent or legal guardian's signature

Date of signature