



Medication Administration Packet

Authorization to Give Medicine
PAGE 1—TO BE COMPLETED BY PARENT/GUARDIAN

CHILD'S INFORMATION

Name of Facility/School _____

____/____/____
Today's Date

Name of Child (First and Last) _____

____/____/____
Date of Birth

Name of Medicine _____

Reason medicine is needed during school hours _____

Dose _____

Route _____

Time to give medicine _____

Additional instructions _____

Date to start medicine ____/____/____

Stop date ____/____/____

Known side effects of medicine _____

Plan of management of side effects _____

Child allergies _____

PRESCRIBER'S INFORMATION

Prescribing Health Professional's Name _____

Phone Number _____

PERMISSION TO GIVE MEDICINE

I hereby give permission for the facility/school to administer medicine as prescribed above. **I also give permission for the caregiver/teacher to contact the prescribing health professional about the administration of this medicine. I have administered at least one dose of medicine to my child without adverse effects.**

Parent or Guardian Name (Print) _____

Parent or Guardian Signature _____

Address _____

Home Phone Number _____

Work Phone Number _____

Cell Phone Number _____

Receiving Medication
PAGE 2—TO BE COMPLETED BY CAREGIVER/TEACHER

Name of child _____

Name of medicine _____

Date medicine was received ____ / ____ / ____

Safety Check

- 1. Child-resistant container.
 - 2. Original prescription or manufacturer's label with the name and strength of the medicine.
 - 3. Name of child on container is correct (first and last names).
 - 4. Current date on prescription/expiration label covers period when medicine is to be given.
 - 5. Name and phone number of licensed health care professional who ordered medicine is on container or on file.
 - 6. Copy of Child Health Record is on file.
 - 7. Instructions are clear for dose, route, and time to give medicine.
 - 8. Instructions are clear for storage (eg, temperature) and medicine has been safely stored.
 - 9. Child has had a previous trial dose.
- Y N 10. Is this a controlled substance? If yes, special storage and log may be needed.

Caregiver/Teacher Name (Print) _____

Caregiver/Teacher Signature _____



Medication Log
PAGE 3—TO BE COMPLETED BY CAREGIVER/TEACHER

Name of child _____ Weight of child _____

	Monday	Tuesday	Wednesday	Thursday	Friday
Medicine					
Date	/ /	/ /	/ /	/ /	/ /
Actual time given	AM _____ PM _____	AM _____ PM _____	AM _____ PM _____	AM _____ PM _____	AM _____ PM _____
Dosage/amount					
Route					
Staff signature					

	Monday	Tuesday	Wednesday	Thursday	Friday
Medicine					
Date	/ /	/ /	/ /	/ /	/ /
Actual time given	AM _____ PM _____	AM _____ PM _____	AM _____ PM _____	AM _____ PM _____	AM _____ PM _____
Dosage/amount					
Route					
Staff signature					

Describe error/problem in detail in a Medical Incident Form. Observations can be noted here.

Date/time	Error/problem/reaction to medication	Action taken	Name of parent/guardian notified and time/date	Caregiver/teacher signature

RETURNED to parent/guardian	Date	Parent/guardian signature	Caregiver/teacher signature
	/ /		
DISPOSED of medicine	Date	Caregiver/teacher signature	Witness signature
	/ /		



Medication Incident Report

Date of report _____ School/center _____

Name of person completing this report _____

Signature of person completing this report _____

Child's name _____

Date of birth _____ Classroom/grade _____

Date incident occurred _____ Time noted _____

Person administering medication _____

Prescribing health care provider _____

Name of medication _____

Dose _____ Scheduled time _____

Describe the incident and how it occurred (wrong child, medication, dose, time, or route?)

Action taken/intervention _____

Parent/guardian notified? Yes _____ No _____ Date _____ Time _____

Name of the parent/guardian that was notified _____

Follow-up and outcome _____

Administrator's signature _____

Adapted with permission from Healthy Child Care Colorado.



Preparing to Give Medication

This is a checklist to use at your child care facility/school to make sure that your program is ready to give medication.

1. Paperwork

- Parent authorization to give medications is signed.
- Health care professional authorization or instructions are on file.
- Child Health Record is on file.

2. Medication checked when received

- Properly labeled.
- Proper container.
- Stored correctly.
- Instructions are clear.
- Disposal plan is developed.

3. Administering medication

- Area is clean and quiet.
- Staff is trained.
- Hands are washed.
- The 5 rights are followed—right child, medication, dose, time, and route.
- Child is observed for side effects.

4. Documentation

- Medication log is completed fully and in ink.

Documents in Appendix AA adopted with permission from the NC Division of Child Development to the Department of Maternal and Child Health at the University of North Carolina at Chapel Hill, American Academy of Pediatrics, Connecticut Department of Public Health, Healthy Child Care Pennsylvania and Healthy Child Care Colorado, 2011.