

# Nonna's

Intergenerational Christian Montessori Daycare

## Medication Administration and Consent Form

Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Classroom: \_\_\_\_\_

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_

Time of day medication is to be given: \_\_\_\_\_ (If "as needed" fill out special instructions)

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Special Instructions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\*\*Please see reverse side for requirements regarding prescription and over-the-counter medications and please initial.\*\***

By signing this document, I give permission for my child's health care provider to share information about the administration of this medication with Nonna's staff if needed. Please provide clinic and provider information:

Clinic Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name of Health Care Provider: \_\_\_\_\_

To be filled out by Nonna's Staff if needed:

Instructions from clinic: \_\_\_\_\_

Nonna's Staff receiving instructions: \_\_\_\_\_ Date & Time: \_\_\_\_\_

### Medication Administration Record: (To be filled out by Nonna's staff administering medication.)

Date	Time	Dosage	Staff signature Qualified staff have gone through medication administration training including 5 R's and documentation.	Comments If medication is "as needed," include circumstances.

Parent's signature: \_\_\_\_\_ Date: \_\_\_\_\_ Phone #: \_\_\_\_\_

Prescription medications must come in a container labeled with:

- \* child's name
- \* name of medicine
- \* time medicine is to be given
- \* dosage
- \* date medicine is to be stopped
- \* licensed health care provider's name
- \* pharmacy name and phone-number
- \* *Please ask the pharmacist for a separate medicine bottle to keep at Nonna's.*
- \* Written instructions from the health care provider (medicine with the child's name and current prescription information on the label constitutes instructions) or Nonna's staff may contact your health care provider for instructions
- \* Ritalin/controlled substances have additional requirements and a special form in addition to this one. *Both forms must be filled out to give the medicine at Nonna's.*

Over the counter medication must be:

- \* labeled with child's name
- \* be packaged in original container
- \* Instructions for use must match directions on package or written instructions from your health care provider are needed.

Parent's initials: \_\_\_\_\_ Date: \_\_\_\_\_

**Staff returned unused medication to parent.**

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

Parent's initials: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*Note to staff—after course of medication is complete, please make a photo copy of this record. Place the original in the child's file and give the copy to the parent with any unused medication.**