

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

DATE	TIME GIVEN	STAFF SIGNATURE

**MEDICATION CHART**  
**Staff Documentation of Medicine Administration**

	DATE
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From \_\_\_\_\_ BEGINNING DATE to \_\_\_\_\_ ENDING DATE at \_\_\_\_\_ TIME OF DAY daily while in attendance.

I authorize child care personnel to assist in the administration of medications described above to the child named above for the following medical condition/s:

CHILD'S NAME	MEDICATION NAME
DATE OF BIRTH	DOSAGE

1. All prescription and nonprescription medications shall be maintained with the child's name and shall be dated.
2. Prescription and nonprescription medications must be stored in the original bottle with unaltered label. Medications requiring refrigeration must be properly stored.
3. Prescription and nonprescription medication shall be administered in accordance with the label directions.
4. Written consent must be provided from the parent, permitting child care facility personnel to administer medications to the child. Instructions shall not conflict with the prescription label or product label directions.

**PARENT'S INSTRUCTIONS:**

CHILD CARE CENTER NAME: Discovery Learning Center	(PS) Lic. # 340303096 (SA) 340312460

**NOTE:** Regulation Section 101221 requires the following information be on file.

**PARENT CONSENT FOR ADMINISTRATION OF MEDICATIONS AND MEDICATION CHART**