



AUTHORIZATION TO ADMINISTER MEDICATION
Complete entire form. Print clearly, using ink, not pencil.

Today's Date: _____

Child's name: DOB: _____

Please administer medication as specified below:

Name of medication: _____

Date medication begins: _____ Date medication ends: _____

Does medication need to be stored in the refrigerator? Yes No

Instructions for use of medication:

Dosage/amount: _____ How administered: _____

When is medication to be given? (Circle and specify):

At set times of day (specify time and AM/PM) _____

When symptoms occur (such as pain, asthma, etc. - describe clearly):

In an emergency (such as allergic reaction, anaphylaxis – describe clearly):

Special instructions (such as with/without food; foods to avoid, etc.)

Possible side effects (such as drowsiness):

I hereby authorize a trained Cambridge-Isanti School official to assist my child in the administration of the medications that I have listed above in non-emergency situations. During an emergency, I authorize any and all physicians, trained school personnel, and/or other medical providers to render such emergency treatment and to release the above health information as deemed necessary for the health of my child. If any emergency medical procedures or treatments are required, I consent for the supervisor to arrange for them at the supervisor's discretion. If nursing assistance is needed for a medical treatment or procedure, I consent for the supervisor to arrange for them at their discretion.

Parent/guardian signature: _____ Date: _____

Parents must pick up any medicines at the end of each week. Medicine will not be given to child or sibling to take home.

MEDICATION ADMINISTERED IN CHILDCARE

Daily Medication Form

Complete entire form. Print clearly, using ink, not pencil.

Name of medication: _____

Time medication last given at home: _____

Given by: _____

Time(s) medication given at child care program: Given by: (print name and signature)

____ AM PM Name (print): _____

Signature: _____ Date: _____

____ AM PM Name (print): _____

Signature: _____ Date: _____

____ AM PM Name (print): _____

Signature: _____ Date: _____

____ AM PM Name (print): _____

Signature: _____ Date: _____

____ AM PM Name (print): _____

Signature: _____ Date: _____

____ AM PM Name (print): _____

Signature: _____ Date: _____

____ AM PM Name (print): _____

Signature: _____ Date: _____

____ AM PM Name (print): _____

Signature: _____ Date: _____

Comments:

