

PARENT CONSENT FOR ADMINISTRATION OF MEDICATIONS AND MEDICATION CHART

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

CHILD CARE CENTER NAME:	LICENSE NUMBER:	DATE:
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PARENT'S INSTRUCTIONS:

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.

CHILD'S NAME	DATE OF BIRTH
MEDICATION NAME	DOSAGE

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:

From _____ to _____ at _____ daily while in attendance.

BEGINNING DATE
ENDING DATE
TIME OF DAY

PARENT'S SIGNATURE:	DATE:
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MEDICATION CHART
Staff Documentation of Medicine Administration

DATE	TIME GIVEN	STAFF SIGNATURE

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

STAFF	DATE
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Medication Chart
Staff Documentation of Medicine Administration

I hereby instruct and give permission to the Director of the Children's Center at Caltech or a staff person selected and supervised by her, to administer to my child the prescription medicine or drug listed below, on the stated date and time.

Child Name: Date	DOB: Time Administered	Medication Name: Staff Initials

I understand that my child is not to be in school if s/he is ill. I understand that this service is an accommodation for me and I will not hold the staff, Director, or the Board of Directors of the Children's Center liable for either the improper administration of the doses or any adverse effects of the medicine or drug given.

Parent Signature _____