

## MEDICATION ADMINISTRATION FOR CHILD CARE

Giant Step Preschool & Child Care Center agrees to administer medication prescribed by a licensed health care provider. It is the parent/guardian's responsibility to furnish the medication. The parent/guardian must also agree to pick up expired or unused medication within one week of notification by staff, or the medication will be properly disposed of.

**Prescription Medication:** Must be in **original** container that includes: **Child's Name, Name of Medication, Time in which medicine is to be given, Dosage, Date medicine is to be stopped, and Licensed Provider's name.** The pharmacy name and phone number must also be listed on the label.

**Over the Counter Medication:** Must be labeled with the child's name. Dosage must match the signed health care provider's authorization and medicine must be packaged in original container. All over the counter medicines must have a physician's authorization.

The Parent/Guardian of \_\_\_\_\_ ask that Giant Step staff  
Child's Full Name  
administer the following medication \_\_\_\_\_  
Name of Medication and dosage  
at \_\_\_\_\_, child, according to the Health Care Provider's signed instructions.  
Time

\_\_\_\_\_ Date / / \_\_\_\_\_  
Parent/Legal Guardian's Name Parent/Legal Guardian's Sign Signature Phone #

\*By signing this document, I give permission for my Child's Health Care Provider to share information about the administration of this medication with the delegated staff to administer medication.

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### Health Care Provider Authorization to Administer Medication at Giant Step Preschool & Child Care Center

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Medication \_\_\_\_\_ Purpose \_\_\_\_\_  
Dosage \_\_\_\_\_ Route \_\_\_\_\_  
To be given at the following time(s) \_\_\_\_\_  
Special Instructions: \_\_\_\_\_  
Side effects that need to be reported \_\_\_\_\_  
Start Date \_\_\_\_\_ Ending Date \_\_\_\_\_

\_\_\_\_\_ Lisc# \_\_\_\_\_  
Signature of Health Care Provider with prescriptive auth.

\_\_\_\_\_ Phone # \_\_\_\_\_  
Address of Facility

\*Please ask the Pharmacist for a separate medicine bottle to keep at Giant Step Child Care facility—Thank You!