



Medication/Treatment Form

Dear Parents:

It is essential that we take precautions regarding the administration of medication. We may administer medication under certain conditions:

1. All medications shall be administered only on the written approval of a parent or guardian.
2. Prescription medications shall be administered only on the written approval of a parent or guardian.
3. Non-prescription medications like antihistamines, non-aspirin fever reducers, non-narcotic cough suppressants, decongestants, anti-itching ointments or lotions, diaper ointments and powders, and sunscreen can be administered with written parent authorization.
4. Medications must be stored in their original containers. The container must have the patient's name and date of expiration.

<i>Please provide the following information:</i>		
Child's Name:	Weight:	Age:
Medical problem:		
Is the problem chronic/ongoing? Yes No	Name of Medication:	
Method of administration Mouth Nebulizer Other:		
Amount:	Time(s)/Frequency:	
Start Date of Medication:	Stop Date of Medication:	
Yes No Above Information is consistent with medication label?		
Yes No Medication requires refrigeration?		
Comments or specific information (i.e. side effects, refrigerate, give with milk, etc.):		
List allergies:		
Physician's Signature:		Physician's Phone Number:
Parent Signature:		Date:

Medications returned to parents or discarded (must be completed after stop date and before filing form in child's file)

