

Child's Name:

## Otter Creek Child Center, Inc. MEDICATION ADMINISTRATION FORM

Medications can only be given to a child upon written request by a parent or legal guardian. Medications must be in their original containers. All containers must be child-proof, if original containers are not child-proof, then a child proof container must be provided and fit the original container inside. For all medications, instructions for dose, time, method to be used, and duration of administration will be provided to Otter Creek Child Center staff in writing or dictated over the telephone by a physician or other person legally authorized to prescribe medication.

Birth Date:

Medicine:					Dosage	Dosage:		
Dates to be given:					Hours t	Hours to be given:		
Method to	be given:							
Reason for medication:								
Any Known Medication Allergies:								
Special Instructions:								
Parent/ Guardian signature:								
Administrator of medicine must record date; times the medicine is administered, and sign all five right practices of medication administration when each right has been verified. Thank you!								
Date	Time	Right child	Right medication	Right dose	Right time	Right method	Notes: (refusal, spill, reaction etc.)	