

Medication Administration and Documentation

This form must accompany all medications. After medication is administered, unused medication will be returned to parent and parent must sign and return this form to the school.

- Medications should be limited to those that are required during school hours to maintain the child in school.
- Medications must be given directly to a faculty member or administrator.
- Medications must be in original container, labeled with child's name and not out of date.
- Prescription medications must list physician's name and pharmacy on label.
- Medications must be accompanied with accurate measuring device as necessary.

**SECTION A
TO BE COMPLETED BY PARENT OR GUARDIAN**

I hereby request that a faculty member of the Children's House administer medication during school hours as stated below.

Parent/Guardian Signature: _____

PLEASE PRINT LEGIBLY

Child's name: _____ **Classroom:** _____

Name of medication: _____ **Dosage:** _____

Administered : by mouth topical application **Type:** Prescription Nonprescription

Frequency & Time of Administration: _____

Administer medication for ____ **day(s)** **beginning** _____ **and ending** _____
date date

Parent guardian name/ daytime phone: _____ / _____

**SECTION B
TO BE COMPLETED BY FACULTY MEMBER ADMINISTERING MEDICATION**

Date /Time Medication Administered	Noticeable Side Effects	Faculty Member Signature

**SECTION C
TO BE COMPLETED BY PARENT OR GUARDIAN AFTER MEDICATION HAS BEEN ADMINISTERED**

After medication has been administered, documented by faculty member and unused portions have been returned to you, sign below and **return this form to the school.**

I have received documentation of administration of medication described above. Any unused medication has been returned to me.

Parent or Guardian Signature and Date _____

Check box if you need a copy of this document.