

Emergency Medication Consent Form & Log

1) Child's Name			2) Name of Medication				
3) Amount/dose to be given:			4) Where/how to administer (route)				
5a) Time to administer medication, frequency, and when to repeat:							
5b) Signs & symptoms for as needed medication:							
6) Child's known allergies			7) Date of birth		8) Most current weight		
9) Condition for which medication is prescribed:					10) Is the child asthmatic: (circle) Yes No		
11) Most common side effects: (if this box is NOT completed, child care provider will use package insert)							
12) Special instructions: (if this box is NOT completed, child care provider will use package insert)							
13) Date prescriber authorized:			14) Date to be discontinued: (cannot be longer than 6 months):				
15) Prescriber's printed name:			16) Prescriber's telephone number:				
17) Licensed authorized prescriber's signature: (or attach copy of prescription)							
Parent Consent: Signature & date completed below authorize the child care program to administer the medication listed above to the child listed above.							
18) Parent or Legal Guardian's printed name:				19) Date:			
20) Parent or Legal Guardian's signature:							
Child Care Program Acknowledgement: Signature & date of authorized child care program representative acknowledge receipt of completed Emergency Medication Consent Form, completed Emergency Plan for child, sufficient staff trained and present to administer medication and/or certified in CPR, and receipt of correct medication.							
21) Child care provider's printed name:				22) Date:			
23) Child care provider's signature:							
Log of Administration of Emergency Medication							
Complete for all doses given				Complete for side effects		Complete for "as needed" medication	
Date	Dose	Time (am/pm)	Signature of administrator	Side effects noted	Parent notified (Yes/No)	Symptoms child exhibited	Parent notified (Yes/No)