



NON-PRESCRIPTION MEDICATION RECORD

I hereby authorize **Children's House, Inc.** to administer the following medication to my child

_____. **Child's Date of Birth:** _____

Diagnosis/Allergy Requiring Medication: _____

Side Effects (Staff Should Be Aware Of): _____

Is child currently taking any other medications? _____

If yes, what? _____

Name of MEDICATION: _____

Child must not have first dose of medication at center in case of allergic reaction.

Has child had this medication before? _____

DOSAGE/Route: _____ *All medication should be accompanied by a labeled dosing cup, syringe or medication spoon.*

Date(s) in which medication is to be given at center _____

Time(s) in which medication is to be given (must be specific) _____

I give consent for this information to be clarified/verified by the pharmacy and/or pediatric office.

Parent's Signature: _____

Date: _____ **Contact Phone:** _____ **Cell:** _____

For Staff Use Only

Current Authorization for administering of non-prescription medication has been verified in child's file and is signed by physician and parent/guardian.

Staff Initials

- The Medication Consent form has been completed.
- The medication is in a safety cap container.
- The original label is on the medication container.
- The name of the child above is on the container. The child being given the medication is clearly identified.
- The medication is not expired.
- The dose, name of drug, route and frequency of administration given on the label is consistent with parental instructions given above and information on Authorization to Administer Non-Prescription Medication form.

Received by (Staff Member): _____ **Date:** _____

Above Staff Member has been trained in the Administration of Medication within one year by: _____

Medication can be administered only if ALL items above are checked and completed.

Staff member is required to make notation of missed or refused doses.

Date	Time last dose given Time admin at center	Medication	Dose Route	Staff Signature	Witness Initial
	-----		-----		
	-----		-----		
	-----		-----		
	-----		-----		
	-----		-----		

