

Medication Form

(As Required)

ALL MEDICATIONS NEED TO BE IN THE ORIGINAL LABELLED CONTAINER ONLY AND ADMINISTERED ACCORDING TO THE LABELED INSTRUCTIONS.

ALL MEDICATIONS, EXCEPT FOR MEDICATIONS THAT MAY BE NEEDED IN AN EMERGENCY, WILL BE STORED IN A LOCKED BOX INACCESSIBLE TO THE CHILDREN. ONLY STAFF WITH CURRENT FIRST-AID/CPR COURSE CAN ADMINISTER THE MEDICATION. EMERGENCY MEDICATION WILL BE STORED IN AN AREA INACCESSIBLE TO CHILDREN BUT ACCESSIBLE AT ALL TIMES TO STAFF.

I, _____, give TOPP KIDS Staff permission to administer the following medication to my child (name) _____.

NAME OF MEDICATION: _____

TIME OF ADMINISTRATION: _____, _____, _____

AMOUNT ADMINISTERED: _____

EXPIRY DATE: ____/____/____

SYMPTOMS TO LOOK FOR BEFORE MEDICATION IS ADMINISTERED:

PARENT/ GUARDIAN SIGNATURE: _____

DATE: _____



Medication Record

To use this medication record, list the dates down the left hand column and indicate the times of day that the medication was administered. The person who administers the child's medication must place his/her initials in the appropriate box.

NAME OF MEDICATION: _____

TIME OF ADMINISTRATION: _____, _____, _____

AMOUNT ADMINISTERED: _____

Name of Medication	Date	Time Administered	Initials	Dose Given	Comments

Medication Termination (EXPIRY DATE)

 Year/ Month/ Day

Name of Child: _____

Signature of parent/guardian: _____

Signature of Program Coordinator: _____

This form must be retained on file on premises until care is discontinued.

