



# MEDICATION FORM

(As Required)

\*\*\*Form Must be printed Double Sided\*\*\*

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 Out Of School Clubs* staff permission to administer the following medication to my child (name) \_\_\_\_\_.

NAME OF MEDICATION: \_\_\_\_\_

TIME OF ADMINISTRATION: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

AMOUNT ADMINISTERED (as labelled): \_\_\_\_\_

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** as labelled): \_\_\_\_\_

NAME OF MEDICATION	DATE	TIME ADMINISTERED	INITIALS (2 STAFF REQUIRED)	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.**