



# Medication Administration Record

## Page 1 of 2 (must copy back to back)

### Authorization For Parent to Complete

(A separate authorization is required for each medication)

I, \_\_\_\_\_, give permission for \_\_\_\_\_  
Parent Child Care Center

To give \_\_\_\_\_ the following medication:  
Full First and Last Name of Child

Medication: \_\_\_\_\_ Prescription # (if applicable) \_\_\_\_\_

Amount/Dose: \_\_\_\_\_

Time of Dose/Frequency: \_\_\_\_\_

Route of administration: Oral Rectal Topical Inhaled Eye/Nose/Ear Other: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Possible Side Effects: \_\_\_\_\_

Physician Signature : \_\_\_\_\_ Date: \_\_\_\_\_

(Physician Signature not required on prescription medications affixed with prescription label)

Parents Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature Required

### For Staff to Complete

(Give medicine only if you can answer yes to all questions below)

Is the Medication Administration Authorization Complete?	Yes	No
Is the medication in a child-resistant container?	Yes	No
Is the original prescription label on the medication container? (if applicable)	Yes	No
Is the prescription current? (if applicable)	Yes	No
Is today's date before the expiration date?	Yes	No
Is the child's first and last name on the container?	Yes	No

**The 6 rights of Medication Administration must be checked every time:**

- |                     |               |                        |
|---------------------|---------------|------------------------|
| 1. Right Child      | 3. Right Dose | 5. Right Route         |
| 2. Right Medication | 4. Right Time | 6. Right Documentation |

- Unused medication: Date returned to parents: \_\_\_\_\_ Signature: \_\_\_\_\_
- This form must be placed in child's file when medication is finished.
- See Page 2 to document Medication Administration (page 2 must be copied back to back with page 1)

<b>Teacher's Printed Name</b>	<b>Teacher's Printed Name</b>

