

**PARENT CONSENT FOR ADMINISTRATION OF MEDICATIONS AND MEDICATION CHART****NOTE:** Regulation Section 101221 requires the following information be on file.

|  |                 |       |
|--|-----------------|-------|
| CHILD CARE CENTER NAME:<br><i>Bethel Lutheran School</i> | LICENSE NUMBER: | DATE: |
|--|-----------------|-------|

**PARENT'S INSTRUCTIONS:**

- All prescription and nonprescription medications shall be maintained with the child's name and shall be dated.
- Prescription and nonprescription medications must be stored in the original bottle with unaltered label. Medications requiring refrigeration must be properly stored.
- Prescription and nonprescription medication shall be administered in accordance with the label directions.
- Written consent must be provided from the parent, permitting child care facility personnel to administer medications to the child. Instructions shall not conflict with the prescription label or product label directions.

|                 |               |
|-----------------|---------------|
| CHILD'S NAME    | DATE OF BIRTH |
| MEDICATION NAME | DOSAGE        |

**I authorize child care personnel to assist in the administration of medications described above to the child named above for the following medical condition/s:**

From \_\_\_\_\_ to \_\_\_\_\_ at \_\_\_\_\_ daily while in attendance.  
BEGINNING DATE                      ENDING DATE                      TIME OF DAY

|                     |       |
|---------------------|-------|
| PARENT'S SIGNATURE: | DATE: |
|---------------------|-------|

**MEDICATION CHART**  
**Staff Documentation of Medicine Administration**

| DATE | TIME GIVEN | STAFF SIGNATURE |
|------|------------|-----------------|
| DATE | TIME GIVEN | STAFF SIGNATURE |
| DATE | TIME GIVEN | STAFF SIGNATURE |
| DATE | TIME GIVEN | STAFF SIGNATURE |
| DATE | TIME GIVEN | STAFF SIGNATURE |
| DATE | TIME GIVEN | STAFF SIGNATURE |

**Upon completion, return medicine to parent or destroy, and place form in child's record.**

|       |      |
|-------|------|
| STAFF | DATE |
|-------|------|

*Depending on duration, additional pages may be attached for documentation of medicine administration.*

*This form must be completed for any medication, prescription and/or over the counter, including diaper rash cream.*