

CONSENT FOR EMERGENCY MEDICATION

Child Day Care Programs

LICENSED AUTHORIZED PRESCRIBER TO COMPLETE THIS SECTION

Child's Name:

DOB:

Child's Known Allergies:

Name of Medication(including strength):

Amount/Dosage to be Given:

Route of Administration:

Frequency to be administered:

Child may carry and self-administer the medication: YES NO

Additional Instructions:

Give medication if child was **LIKELY** exposed to an allergen **and any of these symptoms occur:**

Give medication if child was **DEFINITELY** exposed to an allergen, **even if no symptoms are apparent**

Date to discontinue medication(If applicable): _____

This order should be renewed: Every 6 months for a child under 5 years old Every 12 months for a child age 5 and older

Possible Side Effects: See package insert for complete list of possible side effects (parent must supply)

What action should child day care provider take if side effects are noted:

Contact parent Contact Health Care Provider Other: _____

State any special training the child day care provider/staff needs to safely administer the medication:

PRESCRIBER'S SIGNATURE AND CONTACT INFORMATION

Date Ordered:

Prescriber's Name:

Prescriber's Signature:

Prescriber's Phone Number:

PARENT TO COMPLETE THIS SECTION

I, parent/guardian authorize the day care program to administer the medication, as specified above, to my child _____

Parent's Name:

Parent's Signature:

Date Authorized:

PROGRAM TO COMPLETE THIS SECTION:

Program's Name:

Facility ID Number:

Program's Telephone Number:

Staff's Name:

Date received from parent:

Staff's Signature:

I have received all information to administer the medication safely