



ADMINISTRATION OF DRUGS & MEDICATIONS PERMISSION FORM

All fields on this form MUST be completed. Incomplete forms will not be processed and will be returned.

Staff can administer medication to a child only when the parent/guardian has submitted this form completed and signed.

All medications must be in the original container. If your child requires an inhaler – the top part of the form will permit staff to administer the inhaler on a set schedule or at the child’s request. If you wish your child to carry the inhaler or epi-pen on their person or self-administer, the second portion of this form with an attached written procedure is required. If medication is to be administered on an “as needed” basis, the written instructions must clearly indicate the situations under which the medication should be given. This could include the physical symptoms that must be present, the behaviour the child must be exhibiting or the child’s temperature. If your child requires an epi-pen, please also complete the Individual Anaphylaxis Plan .

Name of Child: \_\_\_\_\_ Name of Medication: \_\_\_\_\_

Medication Type (inhaler, antibiotics, etc): \_\_\_\_\_ Reason for Medication: \_\_\_\_\_

Prescription Number: \_\_\_\_\_ Date Prescribed/Purchased: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Date to Start Administering in Program: \_\_\_\_\_ Stop Date: \_\_\_\_\_

Dosage to be Administered: \_\_\_\_\_ Time(s) to Administer: \_\_\_\_\_

Additional Instructions for:

Storage:  Staff Fanny Pack (emergency medications only)  Locked Box  Needs Refrigeration

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

Administration instructions: \_\_\_\_\_

Stop administration if the following reactions are observed: \_\_\_\_\_

Name of Parent/Guardian Completing Form: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Complete this section if you require your child to self-carry or self-administer their inhaler or epi-pen. Please note that if you answer ‘yes’ please attach a written procedure which has been established by a legally qualified medical practitioner.

The above named child is allowed to:  self-carry their epi-pen/inhaler in own fanny pack

self-administer their inhaler or epi-pen

The section below is for office use only to record when the medication named above was administered.

This section is not required to be completed for topical/diapering creams, sunscreen, insect repellent

Table with 8 columns: Date, Time Given, Amount Given, Educator's Signature, Date, Time Given, Amount Given, Educator's Signature. It contains 8 empty rows for recording medication administration.

