



Children's Campus at SF State

PARENT CONSENT FOR ADMINISTRATION OF MEDICATIONS

CHILD CARE CENTER NAME: Children's Campus at SF State	LICENSE NUMBER: 384001884/384001885	DATE:
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Parent's Instructions:

1. All prescription medications and topical ointments shall be maintained with the child's name and shall be dated.
2. Prescription medications and topical ointment must be stored in the original bottle with unaltered label. Medications requiring refrigeration must be properly stored.
3. Prescription and topical ointment medication shall be administered in accordance with the label directions.
4. 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.
5. The center does not administer non-prescription, over the counter medication unless prescribed by a doctor.

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:

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

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

Five Rights of Medication:

1. Verification that the *right child* receives
2. The *right* medication
3. In the *right* dose
4. At the *right* time
5. By the *right* method

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

STAFF:	DATE:
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Complete Log on back every time medication is given.

