# GRACE Early Learning Center

## Medication Administration Permission Form

| This Page To Be Completed By A Parent, Guardian, Or Authorized Representative | | | |
|---|---|---|---|
| Childs's Name: | | Birthday: | Today's Date: |
| Name of Medication: | | | Expiration Date: |
| Reason for Medication: | | | |
| Dose: | Time/Frequency: | Date to Start: | Date to Stop: |

Route:

☐ Oral ☐ Topical ☐ Inhaled ☐ Injected ☐ Other:

| Known Side Effects: | |
|---|---|
| Additional Instructions/Comments: | |
| Parent/Guardian/Authorized Representative's Name: | |
| Home Phone: | Work Phone |

### Prescription Information (if applicable)

Attach copy of the Prescription to this sheet.

| Prescriber's Name: | Phone Number: |
|---|---|

### Permission

I give permission to administer medication to my child as stated above.

| Parent/Guardian/Authorized Representative's Signature: | Today's Date: |
|---|---|

### Daily Written Acknowledgement

Prescription and non-prescription medication shall be administered to a child in care with *daily written acknowledgement* of:

| Child's Parent/Guardian/Authorized Representative | | GELC Administration | |
|---|---|---|---|
| Parent/Guardian's Signature: | Date: | Signature: | Date: |
| Parent/Guardian's Signature: | Date: | Signature: | Date: |
| Parent/Guardian's Signature: | Date: | Signature: | Date: |
| Parent/Guardian's Signature: | Date: | Signature: | Date: |
| Parent/Guardian's Signature: | Date: | Signature: | Date: |

GRACE
Early Learning Center

# Medication Administration Permission Form

RIGHT
Child
Medication
Dose
Route
Time
Reason
Documentation

Prior to EVERY Administration:

- ✓ Review the written Parent/Guardian/Authorized Representative's instructions.
- ✓ Review Prescriber's medical order

## This Page To Be Completed By Facility Staff

| Date Administered (mm/dd/yyyy) | Time Administered (am/pm) | Amount Administered | Route | Comments/Reactions | Staff Initials* |
|---|---|---|---|---|---|
| | | | ☐ Oral ☐ Topical ☐ Inhaled<br>☐ Injected ☐ Other: | | |
| | | | ☐ Oral ☐ Topical ☐ Inhaled<br>☐ Injected ☐ Other: | | |
| | | | ☐ Oral ☐ Topical ☐ Inhaled<br>☐ Injected ☐ Other: | | |
| | | | ☐ Oral ☐ Topical ☐ Inhaled<br>☐ Injected ☐ Other: | | |
| | | | ☐ Oral ☐ Topical ☐ Inhaled<br>☐ Injected ☐ Other: | | |
| | | | ☐ Oral ☐ Topical ☐ Inhaled<br>☐ Injected ☐ Other: | | |
| | | | ☐ Oral ☐ Topical ☐ Inhaled<br>☐ Injected ☐ Other: | | |
| | | | ☐ Oral ☐ Topical ☐ Inhaled<br>☐ Injected ☐ Other: | | |
| | | | ☐ Oral ☐ Topical ☐ Inhaled<br>☐ Injected ☐ Other: | | |
| | | | ☐ Oral ☐ Topical ☐ Inhaled<br>☐ Injected ☐ Other: | | |
| | | | ☐ Oral ☐ Topical ☐ Inhaled<br>☐ Injected ☐ Other: | | |
| | | | ☐ Oral ☐ Topical ☐ Inhaled<br>☐ Injected ☐ Other: | | |

## Reaction Details (if applicable)

Side Effect Noted & Action Taken (include date & time):

***This information is confidential and may not be shared or released without parent's written permission.**

## Staff Signature/* Initial Confirmation

| Staff Signature: | Initials: |
|---|---|
| Staff Signature: | Initials: |
| Staff Signature: | Initials: |
| Staff Signature: | Initials: |