

Individual Medication Record

- Record of medication given while in the care of the OSCAR Program: for **Allergy or Asthma**
- All medication must be in **original labeled container** and administered according to label directions
- All medication must clearly state: **child's name, dosage, physician's name, date, & pharmacy**
- By signing this medication form the parents are providing consent to administer the medication and provide health care to the child

CHILD'S NAME: _____
PRINT FIRST then LAST NAME

Type Of Medication	<input type="checkbox"/> Emergency – Epi Pen or Inhaler	<input type="checkbox"/> Non-Emergency – Preventative Inhaler
Administered by Who?	<input type="checkbox"/> Staff Administered	<input type="checkbox"/> Self-Administered with staff observed
Used for?	<input type="checkbox"/> Allergy: Epi Pen	<input type="checkbox"/> Asthma: Inhaler
Medication Name: <small>One per page</small>		
Amount / Dose to be given		
Time to be given OR Specific signs to watch for.		
How to administer med instructions, special instructions Or notable notes		
Length of time to be administered	End at a Specific Date:	<input type="checkbox"/> Program Year

SIGNATURE of Parent / Guardian	DATE

To be completed by the staff at the time medication is given:

Date	Medication	Dosage Given	Time Given	Staff Signature