

## Individual Medication Record

- Record of medication given while in the care of the Pre-School 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

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

<b>SIGNATURE of Parent / Guardian</b>	<b>DATE</b>

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

Date	Medication	Dosage Given	Time Given	Staff Signature