

## Emergency Medication Record

- Record of medication given while in the care of the OSCAR Program: for **Allergy, Asthma or Diabetes**
- 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>Administered by Who?</b>	<input type="checkbox"/> <b>Staff Administered</b>	<input type="checkbox"/> <b>Self-Administered</b> <small>with staff observed</small>
<b>Type Of Medication</b>	<input type="checkbox"/> <b>Emergency – Allergy or Asthma</b>	<input type="checkbox"/> <b>Emergency – Diabetes</b>
<b>Used for?</b>	<input type="checkbox"/> <b>Epi Pen</b>	<input type="checkbox"/> <b>Inhaler</b>
	<input type="checkbox"/> <b>Insulin</b>	<input type="checkbox"/> <b>Glucagon</b>
<b>Location of where Medication is kept</b>		
<b>Medication Name:</b> <small>One Med 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