

Short-Term Prescription Medication Record

- Record of medication given while in the care of the OSCAR Program: for **short term prescriptions**
- 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 – Short term max 2 weeks

CHILD'S NAME: _____
PRINT FIRST then LAST NAME

Administered by Who?	<input type="checkbox"/> Staff Administered	<input type="checkbox"/> Self-Administered <small>with staff observed</small>
Type Of Medication	<input type="checkbox"/> Antibiotic	<input type="checkbox"/> Other
Form of Medication	<input type="checkbox"/> Pill	<input type="checkbox"/> Liquid
	<input type="checkbox"/> Cream	<input type="checkbox"/> Other
Location of where Medication is kept		
Medication Name: <small>One Med Per Page</small>		
Amount / Dose to be given		
How to administer med instructions, special instructions Or notable notes		
Times to be given		
Length of time to be administered	Start Specific Date:	End by Specific Date:

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

SEE Front Page for more information				
Date	Medication	Dosage Given	Time Given	Staff Signature

Child's Name: _____
PRINT FIRST then LAST NAME