The 4th "R"
Medication Administering Form

Parent / Guardian:

1. All prescription and nonprescription medications shall be maintained with the child's name and shall be dated.

2. Prescription and nonprescription medications must be stored in the original bottle with unaltered label. Medications requiring refrigeration must be properly stored.

3. Prescription and nonprescription medication shall be administered in accordance with the label directions.

4. Written consent must be provided from the parent / guardian, permitting child care facility personnel to administer medication(s) to the child. Instructions shall not conflict with the prescription / product label directions. Parents / guardians are required to train 4th 'R" staff how to administer prescribed medication(s).

Child's Name: _____ **Date of Birth:** _____

I authorize and have trained the 4th "R" child care staff to assist in the administration of medication(s) described below to the child named above. This authorization will remain valid while he/she is enrolled in the 4th "R" program. For daily notification of any medication(s) given, parents / guardians must view the 4th "R" medication log. If at any time an Incidental Medical Service is required, you will be notified immediately.

Parent / Guardian Signature: _____ **Date:** _____

Note to Physician: It is the policy of the 4th "R" program to only administer medication when prescribed by a physician and then only with written notice from the physician.

TO BE FILLED OUT BY PHYSICIAN:

Name of medication: _____ Medical condition: _____

Method of taking medication: _____ Dosage to be given: _____

Specific time to be administered by 4th "R" staff: _____

Physician's signature: _____ Date: _____

4th "R" use only:

4th "R" Site: _____ *License #:*_____ *Date:* _____

Upon completion, return medicine to parent / guardian or destroy, and place form in child's record.

Staff Signature: _____ *Date:* _____