## Office of Early Learning and School Readiness **Preschool and School Age Child Care Medication Form**

Revised 7/11/2016

This form meets Ohio Administrative Code. Programs may use this form or build their own.

A Medication Form is a request for the administration of prescription and non-prescription medication.

A separate form must be completed for <u>each</u> medication.

Except in cases of emergency, families provide the first dose of any newly prescribed medication so that they may personally observe the child's reaction.

## Section I - Request for Administration of Medication

| Name of Child                                | <br>Child's Age   |  |
|--|-------------------|--|
| Medication Name                              | Dosage            |  |
| Staff Authorized to<br>Administer Medication | <br>Dosage Time/s |  |
| Physician Signature                          | <br>Date          |  |

All prescription medicine must be current within the last twelve months, kept in its original container and have a legible label containing the child's name and written instructions for use from a licensed physician, nurse practitioner, or dentist.

All medicines must be kept in a place inaccessible to children. An inhaler or nonprescription medication may be available to a school child with a special health condition with parental permission in accordance with the program's policy.

## **Section II - Authorized Staff Member Medication Log**

| Dosage Date/Time | Dosage Amount | Trained and Authorized Staff Member Signature |
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## Section II - Authorized Staff Member Medication Log (Continued)

| Dosage Date/Time | Dosage Amount | Trained and Authorized Staff Member Signature |
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