

Hutch Kids Child Care Center ---- **MEDICATION FORM**
PLEASE SUBMIT THIS FORM AND THE MEDICATION DIRECTLY TO A STAFF MEMBER



Child's Name: _____

Reason for medication: _____

Name of medication: _____ Medication requires refrigeration: Yes, No

When to give: _____ How: Oral, Topical, Other _____

Dosage: _____ Start Date: _____ End Date: _____

Side Effects and Special Instructions/Suggestions: _____

Parent/Guardian Signature: _____ Date: _____

To be administered by Hutch Kids staff, all medications must be:

- In the original container with manufacturer or pharmacy labeling visible
- Labeled with the child's first and last name
- Medication is not expired

Please check the appropriate box(es) below:

Medication is:

- a prescribed medication for the child listed above (*all bullet points must be met*)
- Original instruction label or photocopy of original label is attached (i.e., label from filling pharmacy)
 - Dosing information on the label/container and parental instructions match
 - Medication is prescribed by the child's physician/ health care provider

OR

- a non-prescription medication

If non-prescription, please also check one of the options below:

- the medication is:
An antihistamine, non-aspirin fever reducer/pain reliever, non-narcotic cough suppressant, or decongestant
And, the medication bottle states how much medication to give based on the child's age/weight
And, the dosing information on the label/container, and parental instructions match

OR

- * the medication is one of the following: (please initial on the appropriate line)
- _____ the medication is something other than: 1. an antihistamine, 2. a non-aspirin fever reducer/pain reliever, 3. non-narcotic cough suppressant, or 4. a decongestant
- _____ the medication label does not give the dosage directions for the child's age or weight
- _____ the medication label gives dosage directions which differ from those given by the parent

***In addition to the signature of the parent guardian the following documentation is necessary:**

1. Printed Name of the Child's Health Care Provider _____ (This person must have prescriptive authority)
And, Signature of the Child's Health Care Provider _____ Date: _____
(Stating agreement with the directions written above)

OR

2. Printed Name of the Child's Health Care Provider _____ (This person must have prescriptive authority)
And, Written directions from the child's health care provider, with the date included.

Hutch Kids Staff-- please complete at time of medication drop-off:

Medication criteria, including completed Medication Form are fully met, Staff member's signature _____ Date _____

Medication criteria are not fully met, Staff member's signature _____ Date _____

(Therefore medication cannot be given by Hutch Kids staff; however, parents may administer medication)

Please complete the Non-Prescription Topical Medication Permission Form (rather than this form) for:
1. ointment or lotion intended to reduce or stop itching or dry skin, 2. diaper ointment or non-talc powder intended for use only in the diaper area, 3. sunscreen for children over six months of age