

For child care program use:
Discontinue date:

Emergency Medication Consent Form & Log

(Asthma inhaler & nebulizer, auto-injected epinephrine/diphenhydramine)

1) Child's Name		2) Name of Medication and strength:	
3) Amount/dose to be given:		4) Where/how to administer (route)	
5a) Time to administer medication, frequency, and when to repeat:			
5b) Signs & symptoms for as needed medication:			
6) Child's known allergies		7) Date of birth	8) Most current weight
9) Condition for which medication is prescribed:		10) Is this a Special Health Care Need? (circle) Yes No	11) Is the child asthmatic: (circle) Yes No
12) Most common side effects & action to take: (if this box is NOT completed, child care provider will use package insert)			
13) Special instructions: (if this box is NOT completed, child care provider will use package insert)			
14) Is this a change from a previous medication order? (circle) Yes No			
15) Date prescriber authorized:		16) Date to be discontinued: (cannot be longer than 6 months <5years or 1 year 5 years and older):	
17) Prescriber's printed name:		18) Prescriber's telephone number:	
19) Licensed authorized prescriber's signature: (or attach copy of prescription)			

Parent Consent: Signature & date completed below authorize the child care program to administer the medication listed above to the child listed above.

20) Parent or Legal Guardian's printed name:		21) Date:
22) Parent or Legal Guardian's signature:		
<p>Child Care Program Acknowledgement: Signature & date of authorized child care program representative acknowledge receipt of completed Medication Consent Form that is correct and in agreement with supplied medication. For EM medications signature & date acknowledge receipt of completed Emergency Plan for child and acknowledgement of program's responsibility to follow all safety procedures in the Health Care Plan and child care regulations.</p>		
23) Child care provider's printed name:		24) Date:
25) Child care provider's signature:		

Log of Administration of Medication

Complete for all doses given (attach additional medication logs as needed)				Complete for side effects		Complete for "as needed" medication	
Date	Dose	Time (am/pm)	Signature of administrator	Side effects noted	Parent notified (Yes/No)	Symptoms child exhibited	Parent notified (Yes/No)