## PARENT CONSENT FOR ADMINISTRATION OF MEDICATIONS AND MEDICATION CHART

## NOTE: Regulation Section 101221 requires the following information be on file

Child Care Center Name: IvyCrest Montessori License Number: 300610669 Date:			
	Child Care Center Name: IvyCrest Montessori	License Number: 300610669	Date:

PARENT'S INSTRUCTIONS:	

- 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, permitting child care facility personnel to administer medications to the child. Instructions shall not conflict with the prescription label or product label directions.

Child's Name:	Date of Birth:
Medication Name: ALBA BOTANICA SUNSCREEN	Dosage: AS NEEDED

I authorize child care personnel to assist in the administration of medications described above to the child named above for the following conditions:

From		to	ON GOING	at	AS NEEDED	dail	y when in attendance.
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ENDING DATE

**BEGINNING DATE** 

TIME OF DAY

Parent's Signature:

Date:

## MEDICATION CHART

Staff Documentation of Medicine Administration

DATE	TIME GIVEN	STAFF SIGNATURE	DATE	TIME GIVEN	STAFF SIGNATURE	
DATE	TIME GIVEN	STAFF SIGNATURE	DATE	TIME GIVEN	STAFF SIGNATURE	
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DATE	TIME GIVEN	STAFF SIGNATURE	DATE	TIME GIVEN	STAFF SIGNATURE	

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

STAFF:	DATE: