§1917.H,I

As Needed Medication Authorization Form

Medicine Must Be In Its Original Container

Child's Name: _____

Medication Name: _____

Dosage Amount: _____

How to Be Given: Oral Topical Other: _____

Side Effects/ Anticipated Reactions: _____

_____

Special Instructions/Circumstances for Administering "as needed: medication:

_____

_____

_____ _____

Parent's Signature Date

***If all information is not filled in completely, medication will not be given.**.

Administration Documentation

Phone Contact Time & Date	Date Given	Time Given	Dosage Given	Staff Signature

shall be updated by parent as changes occur or at least every six months

_____ _____

Signature of Staff Completing Form Date