

Nia Infant, Toddler, & Child Development Center
Early Head Start / Child Care Partnership
"Young Minds Strengthened Through Faith and Knowledge"
2007 Helm Ave. North Charleston, SC 29405
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Early Head Start - Child Care Partnership



Charleston County First Steps 4975 LaCross Road, Suite 100 North Charleston, South Carolina 29406

Doctor's Orders/ Medication Procedure Form

To Be Completed By Legal Prescriber

Center Name: (highlight one) John Island Harvest Pointe Academy Kingdom Nia

Name of Child: _____ Date of Birth: _____

Diagnosis: _____

Doctor's orders for medication to be administered or performed at the center:

Comments/ Special Instructions: _____

Is specialized training needed for center staff? _____ Yes _____ No

Side effects to be reported: _____

Starting Date: _____ Ending Date: _____

Legal Prescriber (print name/title) Signature of Legal Prescriber Date: _____

Office phone #: _____ Office FAX # _____

To Be Completed By Parent/Legal Guardian

I have used this medication/procedure at least once with my child. _____ (Initial)

I have read and understand the Charleston County First Steps EHS –CCP Medication Procedure Policy and give permission for my child to receive the above medication or have the above procedure performed as described.

Signature of Legal Parent/Guardian _____ Date: _____

Home/Cell Phone #: _____ Work Phone # _____