

PARENT CONSENT FOR ADMINISTRATION OF MEDICATIONS AND MEDICATION CHART**NOTE:** Regulation Section 101221 requires the following information be on file.

CHILD CARE CENTER NAME: Creative Years Infant Center & Preschool	Lic #197409614	LICENSE NUMBER: & 197419242	DATE:
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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 See Daily Med Form	DOSAGE See Daily Med Form

I authorize child care personnel to assist in the administration of medications described above to the child named above for the following medical condition/s:

See Daily Med Form or Incidental Medical Services Form

From Enrollment to Disenrollment at See Med Form daily while in attendance.
BEGINNING DATE ENDING DATE TIME OF DAY

PARENT'S SIGNATURE:	DATE:
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MEDICATION CHART**Staff Documentation of Medicine Administration**

DATE	TIME GIVEN	STAFF SIGNATURE
See Daily Med Form	See Med Form	
See Daily Med Form	See Med Form	
See Daily Med Form	See Med Form	
See Daily Med Form	See Med Form	
See Daily Med Form	See Med Form	

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

STAFF See Daily Med Form	DATE
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