

Plowshares Child Medication Sheet and Parental Authorization for

Administration of Medication and Liability Release

Please note :

The Department of Early Education and Care prohibits us from administering the first dose of any new medication.

I authorize Plowshares to administer the following medication _____

to my child _____ and release and indemnify

Plowshares and any affiliated staff, members, officers,volunteers or other associates from any liability which might arise due to any act or omission related to the administration of the following medication:

****Medication:** _____ **Dosage:** _____

****If the medication is an Epi pen be sure the child's name is on the syringe as well as the outer packaging**

Time to be Administered: _____ **Duration of Administration** _____

Special Instructions or Information: _____

If this is a medication prohibited under DEA Schedule II-V, do we have medical authorization to administer? _____ YES _____ NO

If NO, Plowshares cannot administer this medication today.

Is this the very 1st time your child has taken this medication? _____ YES _____ NO

If YES, Plowshares cannot administer this medication today. Date of 1st dose _____ 2nd dose _____?

Does this medication require refridgeration ? _____ Yes _____ NO

Please list ALL medications your child is currently taking: _____

(Note: If medications are from different pharmacies, we must have the pharmacy interaction sheet to be sure there are

no adverse reactions)

Parent or Guardian's Signature _____ Date: _____

Receipt of Medication (Staff Signature) _____ Date: _____

FOR STAFF USE:

If you are *not* trained per EEC regs in this child's Individual Health Plan (IHP), medical condition, symptoms,

medication, treatment, side effects and consequences of non-administration of meds: *DO NOT PROCEED*

NOTIFY DIRECTOR/SUPERVISOR IMMEDIATELY

I have been trained by _____

Have the " 5 Rights " been addressed? _____

1. Is the name of the child given above on the container? _____

2. Is the date on the prescription current (within the month for antibiotics and within the expiration date for medications which are so labeled) within the year otherwise? _____

3. Is the dose, name of drugs, frequency of administration given on the label consistent with parental instructions? _____

4. Is the medication in a safety cap container? _____

5. Is the original prescription label on the medication container? _____

Medication can be administered ONLY if the answers to all the staff questions above are "YES"

**** If an Epi pen is administered did you call 911 ?**

