

# CUBS CHILD CARE

## MEDICATION ADMINISTRATION PLAN

*Prescription medication or homeopathic remedies must be in their original containers, properly labeled for the child, and administered prior to the expiration date on the container.*

Name of Child: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Weight: \_\_\_\_\_

Health Care Provider who wrote this prescription: \_\_\_\_\_

Name of Medication: \_\_\_\_\_

Dosage: \_\_\_\_\_ Method/Route: \_\_\_\_\_

Time(s) of day medication is to be given: \_\_\_\_\_

Date Prescribed: \_\_\_\_\_

Date last dose due: \_\_\_\_\_

Reason for the medication: \_\_\_\_\_

Possible side effects: \_\_\_\_\_

Instructions for administering medication \_\_\_\_\_

Storage instructions: \_\_\_\_\_

.....  
***I give permission for \_\_\_\_\_ (name of child care program/provider) to give the above medication to my child as instructed above.***

**Parent/Guardian** (please print): \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_

Date: \_\_\_\_\_