INHALED PARENT CONSENT FOR ADMINISTRATION OF MEDICATIONS AND MEDICATION CHART

NOTE: Regulation Section 101221 requires the following information be on file.

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Creative Minds Child Development Center						LICENSE NUMBER: 434410801 & -03	DATE:	
PAF	RENT'S INSTRUCT	IONS:						
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						DOSAGE		
	thorize child care				ration of me	dications described	l above to the child named	
Fro	mBEGINNING DAT	to	ENDING	at	TIME C	daily whi	le in attendance.	
PARENT'S SIGNATURE:				PARENT'S NAME, PRINTED:		DATE:		
PARE	NT'S DAYTIME PHONE NUMBEF	R:		PARENT'S MAILING ADDRESS:		1		
lals	so give permission	for child car	e person	nel to contac	t my child's	s physician.		
					ON CHART			
DATE TIME GIVEN STAFF SIGNAT					Medicine A	dministration		
DATE	E TIME GIVEN STAFF S		STAFF SI	GNATURE				
DATE	E TIME GIVEN STAFF S			GNATURE				
DATE		TIME GIVEN	STAFF SI	GNATURE				
DATE		TIME GIVEN	STAFF SI	GNATURE				
DATE		TIME GIVEN	STAFF SI	GNATURE				
DATE	DATE TIME GIVEN STAFF SIGNAT			GNATURE				
Upo	on completion, retu	ırn medicine	to paren	t or destroy,	and place fo	orm in child's record	i.	
STAF	F					DATE		