



THE LEARNING TREE
Children's Center

Parent's Instructions for Medications

State licensing requirements permit child care facilities to administer medications to children only with a doctor's written authorization and with written signed direction of a parent/guardian.

Please provide the following information:

Child's Name: _____

Health Problem: _____

Medication Name: _____ Amount: _____

Frequency: _____ Times Given at Home: _____

Method of Administration at Learning Tree Children's Center (name of facility)

Amount: _____ Times to be Given: _____

How Long Medication to be Continued: _____

Parent/Guardian Signature

Physician Signature

Date

Date

Record of Administration (To be filled out by the person who gives medication)

Date	Time	Initials	Date	Time	Initials

Signature(s) that correspond to initials of person(s) giving medication:

