## Medication Administration Plan Prairie Band Potawatomi Early Childhood Education Center

## **AUTHORIZATION**

Each medication must be in the original container with the directions clearly printed on the label; if the medication is a prescription, the name of the physician, the dosage/directions for administering, and the child's name should be included on the label. The center will not administer medication after expiration date.

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DATE:	
Please administer	to Name of Child
Medication	Name of Child
As indicated on the medication container at	am/pm
	am/pm Signature of parent, guardian or legal custodian
Medication cannot be given without written permis	ssion and directions from the parent, guardian or legal custodian.
If a doctor's order is written for a prescription, the	doctor's written order should be attached to this form.
Responsible Staff Member(s) for dispensing medical	ation for this child is:
(1)(2)	
be recorded along with time of occurrence. Any rea	I record all the following information and in addition any reaction should eaction should be reported to the parent and then to the physician.  Ilministered. Parents should bring their own sunscreen in original bottle

**Authorization for Dispensing Medication to Children** 

with child's name on it. Please test the sunscreen at home to ensure child is receptive of the brand/lotion.

Doto	Time		Name of Medication	Dose Given		Reactions
Date	Time	Child's Name	Name of Medication	Dose Given	Staff Initial	Reactions
	+					
•						
	1					
	+					
	+					