

Little Bear Day Care Center, Inc.

Medication Administration Instructions for Health Care Provider

Medication will be administered by trained staff of Little Bear Day Care Center, Inc. *only* when this form is completed and signed by the child's health care provider *and* parent/guardian.

Parent/guardian **must** administer the initial dose of ALL medications, **not** child care staff, due to possible allergic reactions to the medication.

HEALTH CARE PROVIDER
Please provide the following information

Child's first and last name: _____

Medical condition being treated: _____

Medication: _____

Dosage: _____ Frequency/Time: _____ Route: _____

Duration of Treatment(use dates) From _____ To _____

***Please note that a start and end date must be indicated; "as needed" will not be accepted.**

Comments or specific instructions: _____

Health Care Provider Signature

Date

Health Care Provider's Name _____

[Please print]

Address: _____

Parent/Guardian Signature

Date