

Medication/Treatment Form

Dear Parents:

It is essential that we take precautions regarding the administration of medication. We may administer medication(s) under certain conditions:

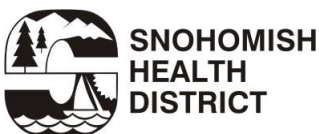
1. All medications shall be administered only on the written approval of a parent or guardian.
2. Prescription and non-prescription medications shall be administered only on the written approval of a parent or guardian.
3. Non-prescription medications like non-aspirin fever reducers, lotions, diaper ointments and powders, and sunscreen can be administered with written parent authorization.
4. Medications must be stored in their original containers. The container must have the patient's name and date of expiration.

Please provide the following information:

Child Care Facility Name:		
Child's Name:	Weight:	Age:
Medical problem:		
Is the problem chronic/ongoing? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of Medication:	
Method of administration <input type="checkbox"/> Mouth <input type="checkbox"/> Nebulizer Other:		
Amount:	Time(s)/Frequency: (i.e. 12:00pm, after lunch, etc.)	
Start Date of Medication:	Stop Date of Medication:	
Comments or specific information (i.e. side effects, refrigerate, give with milk, etc.):		
List allergies:		

Parent Signature:	Date:
Medical Provider Signature:	Date:

See back of form



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