



## “As Needed” Medication Administration Record

**Directions:**

*Prescribing physician completes this form whenever a child is to receive a medication on an “as needed” basis. Examples: nebulizer treatments for trouble breathing, cough syrup, etc.*

*Parent signs form to indicate their permission to follow the physician’s instructions and forwards the completed form to the staff at the child care center. Form is valid for 2 months.*

*Staff review form, complete safety checklist, file form in Medication Administration notebook, and sign for medication use if needed. Parent is to be contacted prior to usage if possible.*

Child Care Site \_\_\_\_\_ Phone \_\_\_\_\_

I hereby give permission for the child care staff to administer this medication to my child according to the directions noted below.

\_\_\_\_\_ Parent Signature                      \_\_\_\_\_ Date

**Completed by Physician**

Child’s Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Medical Condition(s) of concern \_\_\_\_\_

When to use this medication (symptoms to watch for) \_\_\_\_\_

Medication \_\_\_\_\_ Dose \_\_\_\_\_

Route \_\_\_\_\_ Frequency \_\_\_\_\_

Possible side effects \_\_\_\_\_

Temporary program adaptations \_\_\_\_\_

When to call parent/physician regarding symptoms or failure to respond to treatment  
\_\_\_\_\_

When to consider that the condition requires urgent care  
\_\_\_\_\_

\_\_\_\_\_ Physician Signature                      \_\_\_\_\_ Date                      \_\_\_\_\_ Phone

Date	Time	Symptom	Signature	Initials ✓	Results