

SOUTHLAND PARK LEARNING CENTER

EMERGENCY MEDICATION

Child's Name:			Date:		
Name of Medication:					
Date Medication was filled:	Medication Expiration Date:	Dosage Amount:	Route:	Frequency:	

PHYSICIAN:

Name:	Address:	Office Number:	Emergency Number:
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PHARMACIST:

Name:	Address:	Telephone Number:
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PARENTS:

Name(s):	Emergency Number:	Emergency Number:
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Desired Effects:
Side Effects:
Specific Instructions:
Storage Instructions:

I understand that I must provide a written plan of care from my child's doctor. I also understand that if this medication form is not completely filled out, Southland Park cannot administer this medicine to my child.

Parent's Signature:	Date:
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*****Medication must be brought into the center by a parent or legal guardian and must be in the original container. *****

*****Emergency Medication Forms are good for only 6 months from date of signature. *****

*****MUST ATTACH A PLAN OF CARE FROM YOUR CHILD'S DOCTOR IN ORDER FOR THIS MEDICATION TO BE ADMINISTERED*****

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FOR SOUTHLAND PARK STAFF USE ONLY:

PRIOR TO ADMINISTERING MEDICATION	YES	NO
Did you wash your hands before/after administering medication?		
Is this the right child?		
Is the name of the child on the container?		
Is the medication in the original container?		
Is this permission form complete?		
Is the date on the medication label current (not expired)?		

Date:	Time:	Dosage:	Time and Parent Contacted	Observed for 45 mins.	Given By (Signature):