SOUTHLAND PARK LEARNING CENTER

LONG-TERM MEDICATION

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

PHYSCIAN:

Name:	Address:	Office Number:	Emergency Number:

PHARMACIST:

Name:	Address:	Telephone Number:

Desired Effects:	
Side Effects:	
Specific Instructions:	Storage Instructions:

Parent's Signature:	Date:

***Medication must be brought into the center by a parent or legal guardian and must be in the original container. ***
***Long-Term Medication Forms are good for only 3 months from date of signature. ***

FOR SOUTHLAND PARK STAFF USE ONLY:

PRIOR TO ADMINISTERING MEDICATION	YES	NO
Did you wash your hands before 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 form completely filled out?		
Is the date on the medication label current (not expired)?		
Did you wash your hands after administering medication?		

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