• An In-Home Child Care Franchise •
Serving Families Since 2008

MEDICATION ADMINISTRATION AUTHORIZATION & LOG

• FOR ALL MEDICATIONS •

• **PRESCRIPTIONS**: **MUST** be accompanied with a Licensed Physician's Note stating **ALL** specific instructions in addition to this form

• **NON-PRESCRIPTIONS**: **MUST** be accompanied with this form, completed by Parents/Guardians, stating **ALL** specific instructions

• Page 1 must **ALWAYS** be completed by the Parent/Guardian
See our BB Family Handbook for further details
• Please note that **ALL** medications **MUST** be in their **ORIGINAL** container & in a **SEPARATE PLASTIC BAG - LABELED**!
• Families will be given their child's **DAILY** medication summary (*reverse side)*

Child's Name: _____ Date of Birth: _____ Current Weight: _____

Check All That Apply:

□ Prescription Medication
□ Nonprescription Medication
□ Refrigeration Required
□ Topical Product or Lotion
□ Food Supplement
□ Modified Diet
□ Other - detail below:
_____
_____

Name of Medication: _____ Exact Dosage: _____

For Treatment of: _____

Method of Administration: *HOW to Administer*: _____ *WHAT to Administer with*: _____
(orally, topically, etc. - and with WHAT application - i.e. cup, dropper, syringe, etc.)

Additional Notes: _____

Possible Side Effect to Watch For Are: _____

Last DATE & TIME Administered: *Date*: _____ *Time*: _____

Frequency & Times*: Administer at What Times*: _____ *Frequency Max*: _____

Date BEGINNING: _____ Date EXPIRING (This form is good for a 24-HOUR period only): _____

I **AUTHORIZE** _____ to Administer the Above Named Medication.

_____
Parent / Guardian Signature Printed Name

_____
Relationship Date

LOG REPORT ON REVERSE SIDE:

Phone: (614) 578-5634 • **Fax**: (614) 732-4934 • **Web**: www.BungalowBranch.com • **Email**: Contact@BungalowBranch.com
Mailing Address: 684 South Cassingham Road, Bexley, OH 43209

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OFFICE USE ONLY:

DATE: TIME: MEDICINE: DOSAGE: INITIALS: NOTES:

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