Tiny Town Development Center

- This form must be completed in a language in which the child care provider is literate.
- One form must be completed for each medication. Multiple medications cannot be listed on one consent form.

LICENSED AUTHORIZED PRESCRIBER MUST COMPLETE THIS SECTION (#1 - #18)

(Parents may complete sections 1- 17 (omit 18) for over-the-counter topical ointments, sunscreen and topically applied insect repellent)

1. Child's first and last name:	2. Date of birth:	3. Child's known allergies:
4. Name of medication (including strength):	5. Amount/dosage to be given:	6. Route of administration:

7A. Frequency to be administered: _____

OR

7B. Identify the symptoms that will necessitate administration of medication: (signs and symptoms must be observable and, when possible, measurable parameters) _____

8A. Possible side effects: ☐ See package insert for complete list of possible side effects (parent must supply)

AND/OR

8B: Additional side effects: _____

9. What action should the child care provider take if side effects are noted:

☐ Contact parent ☐ Contact prescriber at phone number provided below

☐ Other (describe): _____

10A. Special instructions: ☐ See package insert for complete list of special instructions (parent must supply)

AND/OR

10B. Additional special instructions: (Include any concerns related to possible interactions with other medication the child is receiving or concerns regarding the use of the medication as it relates to the child's age, allergies or any pre-existing conditions. Also describe situations when medication should not be administered.) _____

11. Reason the child is taking the medication (unless confidential by law):

12. Is this medication (or treatment) for a child who has special health care needs? ☐ No ☐ Yes

If yes, does the child's day care program have an updated individual health care plan which addresses any additional training or competencies the program must have to safely administer the medication or treatment?

☐Yes ☐No (if no - an individual health care plan for a child with special health care needs must be completed)

13. Does the label on the medication bottle/container supplied to the child care program match the above administration instructions for dose and frequency? ☐ Yes ☐ No

If no, identify the date by which the parent must supply the program with a medication label that matches the above written instructions:

14. Date prescriber authorized:	15. Date to be discontinued or length of time in days to be given (this date cannot exceed 6 months from the date authorized or this order will not be valid):
16. Prescriber's name (please print):	17. Prescriber's telephone number:

18. Licensed authorized prescriber's signature:

This is a double-sided form

Updated 09/04

Written Medication Consent Form
PARENT/GUARDIAN MUST COMPLETE THIS SECTION (#19 - #24)

19. If section 7A is completed, do the instructions indicate a specific time to administer the medication? (For example, did the prescriber write 12pm?) ☐ Yes ☐ No ☐ N/A If no, write the specific time(s) the day care program is to administer the medication (i.e.: 12pm):_____
20. I, parent/legal guardian, authorize the day care program to administer the medication as specified in the "Licensed Authorized Prescriber Section" to_____ . (child's name)
21. I understand that if the medication bottle/container label instructions for dose and frequency do not match the instructions provided on this consent form, I must provide an updated label by the date indicated by the prescriber in section #13 or this consent will no longer be valid.

22. Parent or legal guardian's name (please print):	23. Date authorized:
24. Parent or legal guardian's signature:	

DAY CARE PROGRAM TO COMPLETE THIS SECTION (#25 - #31)

25. Provider/Facility name: Tiny Town CDC, Inc. 14 Saratoga Rd. Scotia, NY 12302	26. Facility ID number: 600408176C	27. Facility telephone number: 518 399-5866
28. I have verified that sections #1 - #24 are complete. My signature indicates that all information necessary to safely administer this medication has been given to the day care program.		
29. Authorized child care provider's name (please print): Jackie Conglon - Director		30. Date received from parent:
31. Authorized child care provider's signature:		

ONLY COMPLETE THIS SECTION IF THE PARENT REQUESTS TO DISCONTINUE THE MEDICATION PRIOR TO THE DATE INDICATED IN SECTION #15

I, parent/legal guardian, request that the medication indicated on this consent form be discontinued on _____ (date) Once the medication has been discontinued, I understand that if my child requires this medication in the future, a new medication consent form must be completed.
Parent or Legal Guardian's Signature: