

**Day Care Centers, Inc.
2828 Spear Avenue
Ardley, PA 19038
215-572-0862**

MEDICATION POLICY

When medication, prescription or over-the-counter, is to be administered to a child during child care hours, the parent must bring to the Director the following:

1. Written orders from a physician giving the name of the drug, dosage, when medication is to be taken, diagnosis and/or the reason that medication is being given.
2. Written permission from the parent or guardian for the Center to comply with the physician's order.
3. Medication in a container appropriately labeled by the pharmacy or physician and over-the-counter medication in the original container as purchased.

Medication which is not prescribed by a physician may not be administered by Center personnel.

MEDICATION PERMISSION FORM

CHILD: _____ ROOM: _____

I hereby authorize Center personnel to give _____
(Child's name)

(Name of medication and dose)

as prescribed by Doctor _____. I release the Center personnel from liability should reactions result from this medication.

Date Parent/Guardian Signature

PHYSICIAN'S AUTHORIZATION

I prescribe:

_____/_____/_____
Medication Dosage Time
to be given to: _____ by Center personnel during Center
hours for the reason's stated below:

Start Date _____ **End Date** _____

Possible side effects contraindications: _____

Curtilment of any activities: _____

Date: _____ Physician's Signature

Telephone #: _____

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Medication Information

Dear Parent/Guardian of _____:

You have indicated on your child's emergency contact form that he/she is currently taking a prescription drug or has an allergy. We are in need of the exact name of the medication, the dosage, and times administered, even if dispensed only at home. If your child has an allergy, please indicate what he/she is allergic to and what medications or precautions are taken. This information may be vital to emergency personnel.

Child's Name:	Room Name:
Name of Condition(s) or Allergy:	
Name of Medication(s):	
Dosage(s):	
Time(s) of day dispensed:	
All medication dispensed at the Center must be kept in the director's office and be in its original prescription container. A medication permission and physician authorization form must be completed and updated annually.	
Please return this form to the office as soon as possible. By signing this form I give permission to post my child's allergies in order to make others aware of my child's needs.	
Parent/Guardian Signature:	Date:

Thank you for your prompt attention to this important matter.

Respectfully,

DAY CARE CENTERS, INC.

Cynthia L. Clarke, M.Ed.
Director