

Health Care Provider Medication Form Check List

- 1. Is your child's full name, date of birth and address filled in?
- 2. The name of the medication listed on the form must exactly match the name of the medication that you bring to the center. Please ask your health care provider to write the brand and generic name of the medication as well as the strength of the medication.
- 3. The dose of the medication. This is the amount of medication that the child care provider will be giving your child.

Please note: if this is a liquid medication, you must provide a tool to administer the medication, such as a medicine cup, dosing spoon or syringe. Please ensure that the dose that is written on the medication form is measurable on the dosing tool, for example if the order states to give 2.5cc, please ensure that your medicine cup has the measurement "2.5 cc"

- 4. Route: this should indicate if the medication is to be given by mouth, into the eyes, ears, inhaled, etc.
- 5. Time: If the medication is to be given at an exact time please list the exact time. If the medication is to be given if the child experiences specific symptoms, please specifically list why the child should receive the medication.

For example: if the child receives an inhaler for asthma, please list the specific symptoms that the teacher will notice that will clearly alert them that the child requires medication.

If the child has an EpiPen® the correct time to administer the Epi Pen ® is "per the emergency health care plan"