Child Name: _____ DOB_____ Monthly Medication Record: Month _____ Year _____

Child Known Allergies:

Parent Permission to give medicine: I give my permission for the child care business to give the following medicine(s) to my child.

Date:	Parent Signature Giving Permission:	Name of medicine on the label:	Medicine dose on the label:	Time of day medicine is to be given at child care:[1]	Route of medicine as on the label:	Possible side effects:	Required storage: ☐ Refrigerate ☐ Refrigeration not required
☐ Medicine is prescribed ☐ Medicine is doctor approved and authorization is on file at child care		Reason medicine needed:			Special instructions for giving medicine:[2] Beginning date for medicine: _____ Ending date for medicine: _____		

Date:	Parent Signature Giving Permission:	Name of medicine on the label:	Medicine dose on the label:	Time of day medicine is to be given at child care:	Route of medicine as on the label:	Possible side effects:	Required storage: ☐ Refrigerate ☐ Refrigeration not required
☐ Medicine is prescribed ☐ Medicine is doctor approved and authorization is on file at child care		Reason medicine needed:			Special instructions for giving medicine: Beginning date for medicine: _____ Ending date for medicine: _____		

Date:	Parent Signature Giving Permission:	Name of medicine on the label:	Medicine dose on the label:	Time of day medicine is to be given at child care:	Route of medicine as on the label:	Possible side effects:	Required storage: ☐ Refrigerate ☐ Refrigeration not required
☐ Medicine is prescribed ☐ Medicine is doctor approved and authorization is on file at child care		Reason medicine needed:			Special instructions for giving medicine: Beginning date for medicine: _____ Ending date for medicine: _____		

Parent/Guardian Permission to Contact Pharmacy and Physician: I give my permission for the child care business to contact my child's pharmacy and/or physician should a question arise or a situation occur that involves my child and the medication.
Name (print): _____Signature: _____Date: _____

[1] The time of day for the medicine needs to be consistent between home, child care and other programs where the child is located like school. Ask the parent when the medicine is given at home so medicine doses may be evenly spaced as ordered.

[2] The medicine may need to be given before meals, after meals, with food, with a specific liquid (water or milk). All instructions should be written on the medicine label or accompanying instructions. When in doubt, call the pharmacy where prescription medicine was dispensed.

Monthly Medication Record

Attach Child Photo Here

Child Name: _____DOB: _____Child Known Allergies:_____

Month _____ Year _____		Day of Month																													
Medicine, Dose and Route ↓	**Time of Day ↓**	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Example: Amoxicillin 250 mg., 1 teaspoon, orally	10 am	*																													

* Sign your initials in the box showing the medicine was given. Use an "**A**" when a child is absent. Use an "**O**" when medication is *not given* for any reason. If not given inform the child's parent, document in the child's record the reason the medication was not given and that the parent was informed.

Instructions for using Medicine Record:

- First Column: Record the medicine name, dosage, and route.
- Second Column: Record the time(s) of day the medicine is to be given at child care. If the medicine is given more than one time a day, use a separate row for each time of day the medicine is to be given.
- Day of Month Column: The person who measures and gives the medicine must place their initials in the appropriate **row** (for time) and **column** (for date) that the medicine was given. Use columns numbered from 1-31 for the date.

Child Care Provider (staff) signature/initials: _____/_____ _____/_____

_____/_____ _____/_____ _____/_____

Iowa Poison Control Center: 1-800-222-1222

For questions about administering medications contact your local child care nurse consultant (CCNC) or Healthy Child Care Iowa at https://www.idph.iowa.gov/hcci