

Child's Name:

MEDICATION ADMINISTRATION FORM (Centre de la petite enfance - CPE)

Personal information is collected and processed pursuant to section 33 (c) Freedom of Information and Protection of Privacy Act, R.S.A. 2000, cF-25. For more information, please contact the Secretary General at the Conseil scolaire du Nord-Ouest office at 780-624-8855 or 1-866-624-8855.

We recommend that if a child needs to take medication, it should be taken at home under the supervision of the parent. However, we recognize that this is not always possible.

- Parents are responsible for providing medication for their child.
- The educator is not allowed to administer any type of medication to a child in care without the consent of the parents or the parent providing the medication.
- Medications should be stored in a safe place, locked or out of reach of children and as directed by the medical guidelines.
- Consent forms will be kept in the child's on-site file and should include detailed instructions on when to administer the medication.
- Parents must provide the medication in the original container that is properly labelled and includes instructions for administering it to the child.

Child's date of birth:		
INFORMATION TO BE COMPLETED BY PARENT OR GUAR	RDIAN	
Name of medication :		
Medication provided in the original container with the doctor's instructions	Yes	No
Reason for administration of the medication:		
Method and route of medication administration:		
Dose (quantity of medication to be administered at one time):		
Time of administration of the medication at school:		
Date of start of taking the medication:		
Medication end date or revision date:		
Side effects/symptoms/reactions related to the medical condition:		



SECTION RESERVED FOR THE EMPLOYEE OF THE CPE, TO BE COMPLETED IN THE PRESENCE OF THE PARENT				
Medication received in the original container	Yes	No No		
Location of the drug:				
Special Warning/Precaution to be taken:				
Parent/Guardian Signature:		Date:		
Signature of the CPE employee:		Date:		

RECORD OF DRUG ADMINISTRATION

*To be completed each time the medication is administered.

Date	Medication (name)	Dose	Time	Administered by (employee's signature)



RECORD OF DRUG ADMINISTRATION

*To be completed each time the medication is administered.

Date	Medication (name)	Dose	Time	Administered by (employee's signature)
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