

The Evergreen State College Campus Children's Center
Building 201 Fireweed Drive
Olympia, Washington 98505

Parent's Instructions for Medications

Licensing laws permit child care facilities to administer medications to children only with a doctor's written authorization and with written-signed direction of a parent or guardian.

Please provide the following information:

Child's Name _____

Health Problem _____

Name of Medication _____

Amount to be given per dose _____

Frequency of dosage _____

Times given at home _____

Method of administration at TESC Campus Children's Center

Amount per dose _____ *Time to be given* _____

Dates to begin _____ *and complete medication* _____

I authorize the TESC Children's Center to give the above medication. **I agree to remove and take home any left over medication at the end of the requested time period.**

Parent/Guardian Signature

Date

Record of Administration (To be filled out by person who gives medication.)

Date	Time	Initials	Date	Time	Initials	Date	Time	Initials

Signature(s) of all persons that correspond to Initials of person(s) giving medications.
