

UMCHS - MEDICATION ADMINISTRATION RECORD

(To Be Completed by Child's Physician)

Child's Name: _____ Date of Birth: _____

Provider Name: _____ Telephone: _____

Provider Address: _____

TO PRESCRIBING HEALTH CARE PROVIDER: When a UMCHS student is required to take prescription medication at school, the following information must be provided prior to the start of the administration of the medication. Head Start will administer medication(s) at the Head Start center only when prescribed by a physician and when the administration of medication cannot be facilitated by parents, guardians or care givers in the home.

PLEASE COMPLETE THE FOLLOWING:

Is it necessary for child's medication to be administered during the time at which child is attending Head Start? YES NO

What is the diagnosis or reason for the medication? _____

Give Medications as Follows:

Name of Medication	Method of Administration	Dosage	Frequency of Use - When to Use

Check for possible side effects such as: _____

Special Instructions: _____

I request and authorize that the above named student be administered the above identified medication in accordance with the instructions indicated above for the period commencing with the _____ day of _____, 20_____, through the _____ day of _____, 20_____, as there exists a valid health reason which makes administration of the medication advisable during school hours or during such time that the student is under the supervision of school officials. Such medication may be administered by medically untrained school personnel.

Physician Signature: _____ **Date:** _____

My signature below signifies consent for UMCHS staff to administer medication to my child in accordance with the doctor's prescription for the period commencing with the _____ day of _____, 20_____, through the _____ day of _____, 20_____. Not to exceed one school year.

Parent Signature: _____ **Date:** _____

Child/Family Advocates are responsible for ensuring substitute staff are informed of procedures outlined within this Medication Administration Record.

Maintain completed original in Center File with copies to the Emergency Contact Binder and HSD.