Ohio Department of Job and Family Services REQUEST FOR ADMINISTRATION OF MEDICATION Child Care Centers and Type A Homes

This form is valid for no longer than twelve (12) months. One form must be used for each medication.

Box 1 - The following section must **<u>always</u>** be completed by the parent/guardian.

Check all that apply:	
 Prescription medication Nonprescription medication Refrigeration required 	 Topical product or lotion Food supplement Modified diet
<u>Complete all of the following information:</u>	
Name of child:	Date of birth:Weight:
Name of medication:	Exact dosage:
To be administered at the following times	
For the following period of time:	
Parent/Guardian signature:	Date:

Box 2 -The following section must be completed by a **licensed physician**, a **licensed dentist or an advance practice nurse** when:

1. A physician's instruction is needed for a nonprescription medication (e.g. child is underage or underweight per the label instructions); or

2. It is a sample medication without a prescription label; or

3. The nonprescription medication is to be given longer than three consecutive days within a fourteen day period or is a topical product or lotion that is being used for a skin ailment and is to be applied longer than fourteen consecutive days; or

4. The child is on a modified diet (an entire food group is eliminated) or food supplement; or

5. The medication contains codeine or aspirin.

is under my care and should receive				
(name of child)			(name of medication, vitamin, diet)	
as follows:				
(include	dosage and instructions)			
Possible side effects to watch for a	re:			
Expiration date: supplements)	_ (May not exceed 12 mo	nths from the date of	this request for medications or food	
Signature of physician, dentist or a	advance practice nurse	Date of signature	Phone number	

This form must be used by child care centers and type A homes to meet the requirement of OAC rules 5101:2-12-31 and 5101:2-13-31

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Box 3 - The section below must be completed by the **center or type A home staff** and <u>each administration</u> of medication must be documented. <u>All</u> dosages must be recorded on page 2 of this form.

	was given	in the amount of	
(Name of Child)	(Name of Me	ledication, (Dosage)	
	Vitamin o	or Diet)	

Date and Time of Dosage	Dosage Amount	Signature of Designated Person Administering Medication

This form must be used by child care centers and type A homes to meet the requirement of OAC rules 5101:2-12-31 and 5101:2-13-31