Part II: Conditions Requiring Medication or Medical Food

Completed by Licensed Physician, Licensed Dentist, Advanced Practice Registered Nurse, or Certified Physician's Assistant

(If no medications or medical foods are required for the condition, skip Part II).

If a non-prescription medication does not meet any of the items 1-5 below, the parent can complete Part II.

Part II must be completed by or separate instructions attached from a Licensed Physician, Licensed Dentist, Advanced Practice Registered Nurse, or Certified Physician's Assistant when any of the following apply:

- 1. The (prescription or non-prescription) medication contains codeine or aspirin
- 2. Instruction is needed for the (prescription or non-prescription) medication
- 3. The child does not meet the minimum age or weight requirements as listed on the label instructions on the (prescription or non-prescription) medication

The (prescription or non-prescription) period		ree consecutiv	ve days within a fourteen-day		
5. The intended use differs from the manufacturer's instructions or use Child's Name		Date of Birth	Weight (if needed to determine dosage)		
Name of Medication/Medical Food	Name of Medication/Medical Food	Name	of Medication/Medical Food		
Dosage of Medication/Medical Food	Dosage of Medication/Medical Food Dosage of Medication/Medical		e of Medication/Medical Food		
Time of Medication/Medical Food Administration			Time of Medication/Medical Food Administration		
Medication/Medical Food Expiration Date			Medication/Medical Food Expiration Date		
Physician, Licensed Dentist, Advar A. What are the symptoms which require	nced Practice Registered Nurse, or C e staff to administer medication or medic	•	cian's Assistant		
B. What are the specific instructions for a	administration of medication or medical	food?	-		
C. What are the actions to be taken if symptoms do not subside?					
Physician's Signature		***************************************	Date of Signature		

Part IV: Documentation of Administration of Medication or Medical Food

Completed by child care staff member, family child care provider or in-home aide for the child listed on this form

All medication or medical food must be documented when administered. Document each medication or medical food on its own page. Incomplete information elevates the level of risk to children. If more than one medication or medical food is needed, make a copy of this page for each medication or medical food.

This medication or medical food is not to be administered until after the child has received the first dose or application at least once prior to the program administering a dose to avoid unexpected reactions. Emergency medications for the child are exempt from this requirement.

Child's Name of me		Name of medication/me	medication/medical food		
Date	Time	Dosage	Signature of designated person administering medication		
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