Ohio | Department of Education

Office of Early Learning and School Readiness

Preschool and School Age Child Care Medication Form

Revised 7/11/2016

This form meets Ohio Administrative Code. Programs may use this form or build their own.

A Medication Form is a request for the administration of prescription and non-prescription medication.

A separate form must be completed for each medication.

Except in cases of emergency, families provide the first dose of any newly prescribed medication so that they may personally observe the child's reaction.

Section I - Request for Administration of Medication

Name of Child		Child's Age	
Medication Name		Dosage	
Staff Authorized to Administer Medication		Dosage Time/s	
Physician Signature		Date	

All prescription medicine must be current within the last twelve months, kept in its original container and have a legible label containing the child's name and written instructions for use from a licensed physician, nurse practitioner, or dentist.

All medicines must be kept in a place inaccessible to children. An inhaler or nonprescription medication may be available to a school child with a special health condition with parental permission in accordance with the program's policy.

Section II - Authorized Staff Member Medication Log

Dosage Date/Time	Dosage Amount	Trained and Authorized Staff Member Signature

Section II - Authorized Staff Member Medication Log (Continued)

Dosage Date/Time	Dosage Amount	Trained and Authorized Staff Member Signature