

DECISION TO ADMINISTER MEDICATION

Provider's Name: _____

Please Print

I have made the following decision regarding medication administration to a child in my family day care home:

- I (or other caregivers) **WILL NOT** administer any medications (prescription or non-prescription).
- I (or other caregivers) **WILL** administer **ONLY** prescription medication.
- I (or other caregivers) **WILL** administer **ONLY** EpiPens and prescription topical creams and ointments.
- I (or other caregivers) **WILL** administer **ONLY** non-prescription medication.
- I (or other caregivers) **WILL** administer **BOTH** prescription and non-prescription medication.
- I (or other caregivers) **WILL** administer **ONLY** non-prescription topical skin products such as sunscreen, diaper ointment and lotion, oral teething medicine, and insect repellent.

Current Medication Administration Training (MAT) certificates (or documentation of licensure to administer prescription medications), current age-appropriate first aid certificates, and current CPR certificates for the caregivers listed below will be kept in the caregiver's records and be available upon request.

Caregiver Name: _____

Caregiver Name: _____

Caregiver Name: _____

The provider and the parent of each enrolled child must sign below. The provider must maintain a copy of this form in each child's individual record.

Provider's Signature: _____

Date: _____

Parent's Signature: _____

Date: _____