



Competency Statement

Kids Club Medication Administration Form

Permission is given to the Site Director or Assistant Site Director to administer medication as directed by the physician.

Child's Name _____

Medication _____

Reason for taking this medication _____

- Regularly scheduled medication

Amount to be given _____

Time(s) to be given _____

Medication Route: Oral Topical Nasal Other _____

- As needed medication

Medication should be given when the following signs/symptoms are present:

Amount to be given _____

Treatment can be repeated if needed: Y or N

If Yes: Can be repeated _____ times every _____ hours but should not be given more than _____ times total

Medication Route: Oral Topical Nasal Other _____

Parent Signature

Date

Physician Signature

Date



Competency Statement

I, _____ have determined _____
(Parent/Guardian Name) (Site Director/Child Care Provider)

is competent to give or apply medication to my child(ren). I understand that Kids Club Site Director has the ability to assess their Assistant Site Director to give or apply medication safely and may give or apply medication to my child(ren).

Date

Signature of Parent/Guardian