

**SPECIALIZED MEDICATION AND HEALTH CARE**

**Child's Name:** \_\_\_\_\_ **Birthdate:** \_\_\_\_\_

**Special/Emergency Medication** (eg. Epi-pen, insulin, inhaler...)

**Medication:** \_\_\_\_\_ **Amount to be given:** \_\_\_\_\_

**Exact time to be given:** \_\_\_\_\_

**Dates to be given:** Start Date: \_\_\_\_\_

Finish Date: \_\_\_\_\_

Ongoing:  Yes  No

Please give detailed instructions as to how and when this medication is to be administered.

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**Health Care** (eg. feeding tube, physical therapy exercises...)

Please give detailed instructions and describe the health care your child requires during dayhome hours.

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I/we \_\_\_\_\_ agree to release \_\_\_\_\_ and

**Parent/Guardian** **Educator**

Child Development Dayhomes from liability for illness or accident occurring while following through with the above instructions

I \_\_\_\_\_ have been trained in the proper method of administering  
(Educator's name)

\_\_\_\_\_ to \_\_\_\_\_ and this training was completed  
(Type of medication) (Child's Name)

this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_, by \_\_\_\_\_.  
(trained person/parents name)

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Educator Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Agency Personnel**

\_\_\_\_\_  
**Date**



<b>Date</b>	<b>Medication</b>	<b>Dosage</b>	<b>Time</b>	<b>Educator Initials</b>