



EMERGENCY MEDICATION FORM Must be prescribed medication			
FORM TO BE RENEWED BY: (New form required every 6 months)			
PART 1 - TO BE COMPLETED BY PARENT/GUARDIAN OF CHILD (Refer to prescription ON medication label)			
CHILD'S NAME:	CHILD'S BIRTHDATE:	ROOM:	AGE:
NAME OF MEDICATION:	MEDICATION PRESCRIBED FOR:		EXPIRY DATE:
DOSAGE TO BE GIVEN: Must match prescription label	METHOD OF ADMINISTRATION: <div style="display: flex; justify-content: space-between; margin-top: 5px;"> PILL ORAL </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> INJECTION INHALER </div>		
TYPE OF ALLERGY/SPECIAL INSTRUCTIONS:			
SYMPTOMS TO LOOK FOR IN CHILD: Please check boxes and circle/highlight the symptoms that relate to your child.			
<input type="checkbox"/> SKIN:	Hives, swelling, itching, warmth, redness, rash		
<input type="checkbox"/> RESPIRATORY: (breathing)	Wheezing, shortness of breath, throat tightness, cough, hoarse voice, chest pain/tightness, nasal congestion, trouble swallowing, hay fever like symptoms (runny/itchy nose, watery eyes, sneezing)		
<input type="checkbox"/> GASTROINTESTINAL: (stomach)	Nausea, pain/cramps, vomiting, diarrhea		
<input type="checkbox"/> CARDIOVASCULAR: (heart)	Pale blue colour, weak pulse, passing out, dizzy/light headed shock		
<input type="checkbox"/> OTHER:	Anxiety, feeling of "impending doom", headache, fever Other: _____		
PART 2 – PARENT/GUARDIAN AUTHORIZATION			
The undersigned patient, parent, or guardian authorizes any adult to administer the emergency medication to the above named person in the event of a reaction, as described above. This protocol has been recommended by the patient's physician.			
PARENT SIGNATURE:	DATE:	SUPERVISOR SIGNATURE:	DATE:

***MUST BE SIGNED BY SUPERVISOR BEFORE ADMINISTERING MEDICATION**

PART 3 - TO BE COMPLETED BY STAFF

WHAT TO DO:

1. Check symptoms (refer to box above)
2. Administer medication as directed
3. Immediately call 911
4. Notify Parent
5. Notify Supervisor

CHECK THE MEDICATION 3 TIMES:

- When you take the medication from the stored location
- When you take the medication out of the container
- Right before you administer the medication

DIRECTIONS - Wash hands thoroughly and follow the 5 rights of medication:

1. **Medication:** Read the label when you are getting ready to give medication.
2. **Right Amount:** Use an accurately marked measuring container.
3. **Right Time:** It is important to give the medication at the right time.
4. **Right Child:** Make sure the child getting the medication is the one whose name is on the label of the medicine container.
5. **Right Method:** Read directions carefully. Give the medication correctly by mouth, inhalation, through drops in the eyes, or drops in the ears.

DATE	TIME	SYMPTOMS OBSERVED	CONTACTED GUARDIAN NAME	PHONE NUMBER	TIME CONTACTED	STAFF SIGNATURE	SUPERVISOR SIGNATURE	PARENT SIGNATURE

PART 4 - MEDICATION RETURN

To be completed by parent/guardian when medication is complete or returned

MEDICATION RETURNED:

☐ YES ☐ NO

PARENT SIGNATURE: