

GMCC MEDICATION ADMINISTRATION FORM:

Name of Child: _____

It is our policy to only administer medications when absolutely necessary. Any medication must be in it's original container and clearly labeled. GMCC does not administer any over the counter medications without written consent from parent/guardian and a licensed health care provider.

Name of Health Care Provider: _____

Phone: _____

Name of Pharmacy: _____

Phone: _____

Name of Medication: _____

Dose/Route of Medication: _____

Purpose: _____

Time to be administered: _____

Side Effects: _____

Storage Instructions: _____

I hereby give my permission to GMCC to administer the above medication to my child as directed:

Parent/Guardian Signature: _____

Date: _____

Licensed Health Provider: _____

Date: _____

Child Care Provider: _____

Date: _____

Notes:

GMCC STANDING ORDER FORM:

Name of Child: _____

Medication:	Brand:	Directions:
*Sunscreen (30 or higher spf)	No-Ad Brand	As Directed
Diaper Cream		As Directed
Diaper Powder		As Directed
Moisturizer		As Directed
Bug Spray		As Directed
Soap		As Directed
		As Directed
		As Directed
		As Directed

I hereby give my permission to GMCC to administer the above medication to my child as directed or otherwise noted below:

Parent/Guardian Signature: _____ Date: _____

Licensed Health Provider: _____ Date: _____

Child Care Provider: _____ Date: _____

Notes:

***GMCC recommends and provides No-Ad Sunscreen**