



child development dayhomes
peace of mind

Specialized Medication and Health Care

Child's Name: _____ Birthday: _____

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

Medication: _____ Amount to be given: _____

Exact time to be given: _____ Expiration date: _____

Dates to be given: Start Date: _____ Finish Date: _____

Ongoing: ☐ Yes ☐ No

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

Health Care (e.g. feeding tube, physical therapy exercise...)

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

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/parent's name)

Parent/Guardian Signature: _____ Date: _____

Educator Signature: _____ Date: _____

Agency Personnel: _____ Date: _____

Amount to be Given: _____ **Expiration Date:** _____

[illegible]