



Family and Community Services, 2001 Sherwood Drive, Sherwood Park, AB T8A 3W7

Educator - Medication Administration - Authorization

Family Day Homes (FDH)

Phone 780-464-4044 Fax 780-449-1220

The purpose of this form is to allow the Day Home Educator to keep a record of the medication given to a child, and for the parents to sign the form giving permission. The medicine is only to be administered as stated on the container or as explained by doctor's note accompanying medication. A specific time the medication is to be given must be included, or specific symptoms that when observed indicate the medication should be given.

Child's name _____

Medication Administration Start Date _____ End Date _____ (last day given, not to exceed 2 weeks)

Special Instructions _____

Educator has completed first aid certificate yes no

Completed by parent/guardian						Completed by educator	
Parent's signature	Time last given at home	Date	Name of medication	Dosage	Times to be given	Actual time given	Educator's initials

Note to educator: Forward completed form to Family and Community Services at the end of each month if **any** medication has been administered.

Collection and use of personal information

Personal information is collected in accordance with section 33(a) and (c) of the *Freedom of Information and Protection of Privacy Act* and will be used in the management and administration of Strathcona County family day homes programming and operations. If you have any questions about the collection or use of this information, please contact the Family Resource Network Manager at 780-464-4044.