

# Christ Church Children's Center

## Medication Administration by Caregivers (M.A.C.) Request Form

55 PA Code 3270.133; 3280.133; 3290.133

PLEASE PRINT

Note: When possible, please reduce or eliminate the need to administer medications in group settings by asking the child's physician to prescribe medications that can be administered at home.

Child's Name: \_\_\_\_\_ Medication: \_\_\_\_\_

Diagnosis: \_\_\_\_\_ Medication's Expiration Date: \_\_\_\_\_

Circle one:      Prescription                  Non-Prescription                  Refrigeration Required:      Yes      No

Prescriber's Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Dosage Amount: \_\_\_\_\_ Time to Administer: \_\_\_\_\_ a.m. \_\_\_\_\_ p.m. \_\_\_\_\_ times/day

Dates for Administration: From: \_\_\_\_\_ to \_\_\_\_\_

Special Instructions (i.e., symptoms signaling need for administration, reasons to hold medication): \_\_\_\_\_

Possible Side Effects: \_\_\_\_\_

\_\_\_\_\_ I hereby give permission for the staff of CCCC to administer medication to my child as prescribed above. I also give permission for the caregiver/teacher to contact the prescribing pediatric health professional about the administration of this medication.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_ I hereby give permission for the medication noted above to be kept permanently at the CCCC facility. I understand that this form will be evaluated on a monthly basis.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

### Parent Date and Initial for Monthly Review

Parent Initials	Date	Parent Initials	Date
Parent Initials	Date	Parent Initials	Date
Parent Initials	Date	Parent Initials	Date
Parent Initials	Date	Parent Initials	Date
Parent Initials	Date	Parent Initials	Date
Parent Initials	Date	Parent Initials	Date

Continued on reverse

