Strathcona County

Provider - Medication Administration - Authorization

Family Day Homes

Family and Community Services, Suite 200, 501 Festival Avenue, Sherwood Park, AB T8H 3X5 Phone 780-464-4044 Fax 780-449-1220

The purpose of this form is to allow the Day Home Provider to keep a record of the medication she gives 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.

Child's name _____

Provider has completed first aide certificate yes ☐ no ☐

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

Note to provider: Forward 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 the *Municipal Government Act* and the *Alberta Children and Youth Services Act*. It is protected by the privacy provisions of the Freedom of *Information and Protection of Privacy Act* and will be used to ensure that the Day Home Provider has the necessary authorizations to administer medication to the children in care. If you have any questions about the collection and use of the information, contact the Supervisor of Family Day Homes at 780-464-4044.