

Daily Medication Administration Form
Harbor Haven 470 Prospect Ave, Suite 203B, West Orange, NJ 07052
Phone (908) 964-5411 Fax (908) 964-0511

Child's Name: _____ Date of Birth: _____

Medication Name (List only meds to be given at Harbor Haven)	Dosage Number of Tablets/Tsp	Administration Time	Reason	Possible Side Effects	Prescribing Physician's Name & <u>Signature</u>	Physician's Telephone Number
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Please provide the Harbor Haven nurse with a least a two week supply of your child's medication(s) prior to the start of the program. Please make sure the medication is in its **original prescription bottle** with the same dosage directions as above.

You may bring the medication in when you come for orientation on June 26 (for weeks 1-4) or the week of orientation for a July 24 or after start date. If you are not able to attend the orientation, please give it to your child's bus counselor. If your child is transported by a parent, hand it to the staff member who opens your car door. Please pre-cut any tablets which are not given whole. Thank you for your co-operation.

I hereby give permission for the nurse at Harbor Haven to administer the above named medications.

Signature of Parent/Guardian

Date

I hereby give my permission for the following over-the-counter medications to be administered, if needed to my child at Harbor Haven.
Tylenol (Headache) Pepto Bismol (Upset Stomach) Calamine Lotion (Itching).

Please list any other: _____

Signature of Parent/Guardian

Date

<u>DO NOT PUT MEDICATION IN YOUR CHILD'S BACKPACK</u>

This form must be complete, including the Physician's signature; otherwise the nurse is legally not allowed to dispense any medication. Additionally, each medication to be given must be in its own prescription labeled bottle that matches these directions or it cannot be given.