



Creative Kids Club
90 South Commerce Way, Suite 480
Bethlehem, PA 18017-8618
610.868.3533 (voice) 610.866.7706 (voice) Email: ckclvip4@gmail.com

NON-PRESCRIPTION MEDICATION ADMINISTRATION & AUTHORIZATION FORM

Child's Name: _____ Date: _____

The Creative Kids Club Organization has permission to administer the following "over the counter" (non-prescription) medication to the above referenced child:

Medication	Dosage	Frequency
Triaminic		
Dimetapp		
Balmex		
Destin		
Tylenol		
Mortrin		
Advil		
Nebulizer Treatment		
EpiPen		

Physician Practice	
Physician's Name	
Physician Address	
Physician City, State, Zip	
Telephone Number	
Fax Number	
Email	
Physician License No.:	
Physician Signature	

Asthma/Nebulizer Treatment Administration Instructions

Child's Name: _____

We want your child to receive appropriate care and support for his/her condition while attending our center. Please complete this form in consultation with your physician and return it to the Operations Manager or Assistant Director. Please contact the Operations Manager or Assistant Director at 610-868-3533 with questions or concerns. Please attach additional information as needed, including medication orders or greater details about your child's medical history.

Important Information Creative Kids Club

Some of our activities take place outdoors. Your child may be exposed to trees, grasses, dust, pollens, molds, insect bites, and a host of other environmental factors.

Medications including inhalers are locked in the office. The exception to this is on field trips where the teacher will maintain control of the medications.

We do not have a registered nurse on site. At minimum, a person trained in first aid, CPR, and our center's emergency response plans are on site.

It takes about 5 minutes to transport your child to the next level of healthcare – St Luke's Healthcare Center North. If your child needs to be transported to a hospital for treatment, please indicate which hospital you want your child transported to:

St Luke's Hospital – Fountain Hill

Lehigh Valley Hospital - Muhlenberg

Please note that depending on the number of people being treated at a particular hospital, your child may be diverted to a different hospital. If this occurs, we will notify you of the location of your child.

Our center does stock injectable epinephrine for emergency use. There is not supporting oxygen available at our facility.

It is our facility's policy that a parent or guardian be contacted immediately following any injury or asthma attack.

About Triggers

What triggers your child's asthma? (Animal fur, feathers, etc.) _____

Fatigue _____ Stress _____ Smoke _____
Dehydration _____ Food Item _____ Allergen _____

Provide details about the triggers, including anything our teachers and staff should know about.

Respiratory infections/common cold _____ Other _____

Using a Peak Flow Meter

We recommend using a peak flow meter as a way to monitor your child and note signs of potential flare before it's well established. Please have your child bring his/her peak flow meter to our center. When does your child take peak flow readings?

Breakfast Lunch Supper Rest Time Other

Routine peak flow reading for your child (GREEN range): _____

What should be done if your child's peak flow reading drops to the CAUTION/YELLOW range? _____

What should be done if your child's peak flow reading drops to the DANGER/RED zone? _____

Medications

These medications are used Daily to manage my child's asthma: _____

These medications are taken AS NEEDED to prevent an asthma flare: _____

These medications are administered WHENEVER my child's asthma flares: _____

Nebulizer Treatment and Use

Will you (the parents) provide a nebulizer to the center? YES NO If yes, we require written instructions from the child's physician on when and how to use the machine.

What medication is used via nebulizer? _____ Nebulizers are kept in the Operations Manager's office and are available when needed by the child.

Child's Physician

Name: _____ Date: _____

Physician's Signature: _____

WE WILL REFER TO EMERGENCY CONTACT/PARENTAL CONSENT FORM FOR WHO TO CONTACT IN CASE OF AN EMERGENCY.

Parent's Signature: _____

Date: _____