

MEDICATIONS DELIVERED BY A DEVICE

Child's Name: _____

Type of Device: _____

Give a short description of the indications for use of the device. Please include the signs and symptoms that the medication is needed.

Staff Members trained on the use of the device:

_____ Date Trained: _____

_____ Date Trained: _____

_____ Date Trained: _____

_____ Date Trained: _____

I have demonstrated the use of the above device and any special care after use to the above staff members and I realize that only staff members trained on the use of the above device can administer medication to my child.

Parents Signature: _____ Date: _____