

REQUEST TO ADMINISTER MEDICATION*
(required as needed)

Child's Name _____

Name of Medication _____

To be given on the following schedule:

Amount:

Time of day:

Number of doses or days:

Parent's or Guardian's Signature

Date

* Be sure that all medication is in the original container, age appropriate and has a current date. Prescription medication must also have child's name and doctor's name on the label.

REQUEST TO ADMINISTER MEDICATION*
(required as needed)

Child's Name _____

Name of Medication _____

To be given on the following schedule:

Amount:

Time of day:

Number of doses or days:

Parent's or Guardian's Signature

Date

* Be sure that all medication is in the original container, age appropriate and has a current date. Prescription medication must also have child's name and doctor's name on the label.