

## Medication Form

Child's Name \_\_\_\_\_

Dispensing Physician \_\_\_\_\_ Phone \_\_\_\_\_

Date(s) to administer medication: M \_\_\_\_\_ T \_\_\_\_\_ W \_\_\_\_\_ TH \_\_\_\_\_ F \_\_\_\_\_

Medication \_\_\_\_\_ Prescription \_\_\_\_\_ Over the Counter \_\_\_\_\_

Possible Side Effects: \_\_\_\_\_

Dosage: \_\_\_\_\_

Time to Administer: \_\_\_\_\_ As needed/In Case of Emergency \_\_\_\_\_

Storage Directions: \_\_\_\_\_

***A copy of this form must be attached to each medication. All medication must be handed to a staff member***

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

## Medication Form

Child's Name \_\_\_\_\_

Dispensing Physician \_\_\_\_\_ Phone \_\_\_\_\_

Date(s) to administer medication: M \_\_\_\_\_ T \_\_\_\_\_ W \_\_\_\_\_ TH \_\_\_\_\_ F \_\_\_\_\_

Medication \_\_\_\_\_ Prescription \_\_\_\_\_ Over the Counter \_\_\_\_\_

Possible Side Effects: \_\_\_\_\_

Dosage: \_\_\_\_\_

Time to Administer: \_\_\_\_\_ As needed/In Case of Emergency \_\_\_\_\_

Storage Directions: \_\_\_\_\_

***A copy of this form must be attached to each medication. All medication must be handed to a staff member***

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_