Child's Name:_____ Date:_____

Name of Medication:_____

Dosage:_____ Schedule:_____

Directions for Administration (with milk, water, food, etc.):

_____

Dates of Administration: From _____ to _____

Possible Side Effects: _____

Parental Signature: _____

1. Prescription Medications must be in the original container and have the original pharmacy label showing your child's name, the name of the medication, the dosage, and the schedule for administration.

2. Non-Prescription Medications (Tylenol, Orajel, etc.) may only be administered by staff with a note from your child's pediatrician.

3. This form will be kept on file.

Date	Time	Medication	Dosage	Initials