MEDICATION REQUIREMENT

PRESCRIPTION MEDICATION SHALL BE IN THE ORIGINAL CONTAINER AND LABELED WITH THE CHILD'S NAME, INSTRUCTIONS, INCLUDING TIMES AND AMOUNTS FOR DOSAGES, AND THE PHYSICIAN'S NAME. ALL NON-PRESCRIPTION MEDICATION SHALL BE IN THE ORIGINAL CONTAINER AND LABELED BY THE PARENT(S) WITH THE CHILD'S NAME AND INSTRUCTIONS FOR ADMINISTRATION, INCLUDING TIMES AND AMOUNTS FOR DOSAGES. A SEPARATE FORM IS NEEDED FOR EACH MEDICATION. THIS FORM IS VALID ONLY FOR THE DATES INDICATED BELOW.

THIS FORM IS VALID ONLY FOR THE DATES	SINDICATED BEL	OW.	IS NEEDED FOR EA	ACH MEDICATION.
I AUTHORIZE CHILD CARE PERSONNEL TO	ADMINISTER TH	E FOLLOWING MEDICATION TO	MY CHILD:	
(PROPER NAME OF MEDICATION)				
CHILD'S FULL NAME		DATE MEDICATION TAKEN FROM	UNTIL	
DOSAGE		TIME(S) OF DAY		
POSSIBLE SIDE EFFECTS				
POSSIBLE SIDE EFFECTS				
	_		T	
SIGNATURE OF PARENT(S) OR GUARDIAN			DATE	
RECORD OF ADMINISTRATION				
STAFF NAME	DATE	MEDICATION NAME	DOSAGE	TIME