



I hereby request an employee to administer the medication named below to my child. I understand that all medications must be in its original container, labeled with the child's full name, dated and with directions to administer the medication. Prescribed medications must also include the date and the name for physician. By signing below I release the child-care center and its employees from all liability for reactions which my child may suffer from this medication. Each medication will need a form. All medication will need to be picked up each Friday.

Child's Full Name: _____ Suite: _____

Name of Medication: _____ Expiration Date ___/___/___

Week Of: _____ Days to dispense: ___ Mon ___ Tue ___ Wed ___ Thurs ___ Fri

Dispense Medication at: ___ 11am ___ 2:30pm

If you would like the medication dispensed at a different time please specify: _____

Dosage: _____ (per doctor's note)

If the medication is as needed please describe symptoms to look for: _____

Does the medication require refrigeration? ___ Yes ___ No

Parent/Guardian Signature ___/___/___
Date

Center use only:

Date	Time	Dosage(am)	Dosage(pm)	Administered By (Full Name)