



## MEDICINE ADMINISTRATION FORM

I, \_\_\_\_\_, ask that you administer  
(parent's name)  
the following medication to my child \_\_\_\_\_.  
(child's name)

I understand that I must bring the medication in the original bottle or manufacturer's bottle with my child's name, the name of the medication and the dosage instructions. I will supply the correct dispenser. I understand that I must initial this form each day and I will take home the medication/container when the prescribed treatment period is over.

Child's Name: \_\_\_\_\_ Medication: \_\_\_\_\_

Dosage instruction: \_\_\_\_\_ Time to be given: \_\_\_\_\_

Reason for medication: \_\_\_\_\_

First date of administration: \_\_\_\_\_ End date: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Parent's Initials: \_\_\_\_\_

Time Given: \_\_\_\_\_ Staff Initials: \_\_\_\_\_

Medication returned to parent on \_\_\_\_\_ by \_\_\_\_\_.

**(This form needed only if child takes medication while at program)**