



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 _____.