

Medication Form

Child's Name: _____

Reason for medication: _____

Name of medication: _____

When to give: _____ How: oral topical other _____

Dosage: _____

When the treatment should be stopped: _____

Medication requires refrigeration: Yes No

Possible side effects: _____

Special instructions/suggestions (e.g., take with food, follow with milk or water): _____

Parent Signature: _____ Date: _____

Physician Signature*: _____ Date: _____

*NOTE: Child's physician's signature for non-prescription medication is required if:
1. There are no instructions on the container for use of the medication for child's age, or
2. The medication is not listed below.

*NOTE: Prescription must be prescribed by child's physician.
*NOTE: Medication must be in original container and original instruction label attached.

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| <ul style="list-style-type: none">• Anti-itching creams (Caladryl, Delacort)• Diaper ointments and powders (A&D, Desitin)• Sun screens |
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Directions to Teacher:
When the child has completed the medication, give this form to your Team Leader.