

Parent/Guardian Request for Administration of Medication

Box 1 must ALWAYS be completed by the parent/guardian

Box 1: Parent/Guardian Instructions – use one form per medication

(Check all that apply)

Prescription Medication

Topical Product or Lotion

Nonprescription Medication

Food Supplement

Refrigeration required

Modified Diet

Complete all of the following information:

Name of child: _____ Date of Birth: _____ Weight _____

Name of Medication _____ Exact Dosage _____

To be administered at the following time _____

For the following period of time: _____

Parent Signature: _____ Date: _____

Request for Administration of Medication Form Valid for no longer than 12 months



Box 2 is required when:

- You need physician instructions for the nonprescription medication (e.g. child is underage or underweight per the label instructions)
- It is a sample medication without a prescription label
- The nonprescription medication is to be given longer than three days or a topical product or lotion is being used to cure a skin ailment and is applied longer than 14 days
- The child is on a modified diet (an entire food group is eliminated)
- Medication contains codeine or aspirin

Box 2: To be completed by physician:

(Name of child) _____ is under my care and should receive
(name of medication, vitamin, or modified diet) _____ (dosage) _____
as follows _____.

Possible side effects to watch for: _____

Expiration date (may not exceed 12 months from date of this request if prescribing medication or food supplement): _____

Signature of Physician _____ Date of Signature _____ Phone # _____



Box 3 is for center use only:

Box 3 to be completed by designated person

(Name of Child) _____ was given (name of medication,
vitamin, or modified diet) _____ dosage _____, at
the following time (s) on the following date (s): (see below)

Date of Dosage	Amount and Time of Dosage	Signature of Designated Person Administering Medication

Use additional pages if needed

