

Request for Administration of Prescription and Non-Prescription Medications.

SECTIONS I & II MUST BE FILLED IN COMPLETELY

Summer Camp June 8th - 12th, 2015

Ursuline PreSchool and Kindergarten

#8

**Request for Administration of Prescription and Non-Prescription Medication
Food Supplement, Fluoride Supplement or Modified Diet. All Medications
(Prescription and over the counter) MUST have a prescription label attached.**

Note: Please complete a separate form for each medication.

Section I: Parent Request for Administration of Medication or Supplement

I hereby request and give permission to the authorized staff member to administer the following medication to my child.

Name of Child: _____ *Age of Child:* _____

Name of Medication or Supplement to be administered: _____

Dosage: _____ *Time(s) of Dosage:* _____

Signature of Parent/Guardian: _____ *Date:* _____

Section II: Physician's or Dentist's Instructions:

Name of Child: _____ *is under my care and
should receive* _____ *(Name of Medication or Supplement).*

Dosage: _____.

Specific instructions for administration: _____

Possible side effects: _____

Signature of _____
Physician/Physician Assistant/Clinical Nurse Specialist/Certified Nurse or Dentist

PLEASE PRINT PHYSICIAN/DENTIST'S NAME: _____

DATE: _____ **PHONE:** _____

(Over Please)

Section III Medication or Supplement Log for: _____

(Child's Name)

<i>Date and Time of Dosage</i>	<i>Amount of Dosage</i>	<i>Signature of Authorized Staff Member</i>
<i>1.</i> _____	_____	_____
<i>2.</i> _____	_____	_____
<i>3.</i> _____	_____	_____
<i>4.</i> _____	_____	_____
<i>5.</i> _____	_____	_____
<i>6.</i> _____	_____	_____
<i>7.</i> _____	_____	_____
<i>8.</i> _____	_____	_____
<i>9.</i> _____	_____	_____
<i>10.</i> _____	_____	_____
<i>11.</i> _____	_____	_____
<i>12.</i> _____	_____	_____
<i>13.</i> _____	_____	_____
<i>14.</i> _____	_____	_____
<i>15.</i> _____	_____	_____

