Request for Administration of Prescription and Non-Prescription Medications.

SECTIONS I & II MUST BE FILLED IN COMPLETELY

2015 - 2016

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)

Date and Time of Dosage	Amount of Dosage	Signature of Authorized Staff Member
1. ____________	____________	____________________
2. ____________	____________	____________________
3. ____________	____________	____________________
4. ____________	____________	____________________
5. ____________	____________	____________________
6. ____________	____________	____________________
7. ____________	____________	____________________
8. ____________	____________	____________________
9. ____________	____________	____________________
10. ____________	____________	____________________
11. ____________	____________	____________________
12. ____________	____________	____________________
13. ____________	____________	____________________
14. ____________	____________	____________________
15. ____________	____________	____________________