## Request for Administration of Medication

| Child's Name:   |              | DOB:                    |                                      |   |
|---|--------------|-------------------------|--------------------------------------|---|
| Type of Medication:<br>*Name of Medication:   | Prescription | Non-Presc               | ription<br>*Expiration Dat <u>e:</u> |   |
| *Dosage to be given:<br>Times to be given:  | 1            | 2                       | 33                                   | _ |
| Date to BEGIN Medication:   |              | Date to END Medication: |                                      |   |
| Is child taking any other medicaitons at this time?<br>If yes, please list medication(s): |              | 🗆 Yes                   | □ No                                 |   |

I request that the staff of Eastern Child Development Center administer the above namea medication as directed in the instructions listed above.

Parent/Guardian Signature

Date

Child's Name:

|            |              |      |      |                 | Parent's |
|------------|--------------|------|------|-----------------|----------|
| Medication | Dosage Given | Date | Time | Administered By | Initials |
|            |              |      |      |                 |          |
|            |              |      |      |                 |          |
|            |              |      |      |                 |          |
|            |              |      |      |                 |          |
|            |              |      |      |                 |          |
|            |              |      |      |                 |          |
|            |              |      |      |                 |          |
|            |              |      |      |                 |          |
|            |              |      |      |                 |          |
|            |              |      |      |                 |          |
|            |              |      |      |                 |          |
|            |              |      |      |                 |          |
|            |              |      |      |                 |          |
|            |              |      |      |                 |          |
|            |              |      |      |                 |          |
|            |              |      |      |                 |          |
|            |              |      |      |                 |          |
|            |              |      |      |                 |          |
|            |              |      |      |                 |          |

MEDICATION LOG

\*Must be on original container label