

Request for Prescription Medication to Be Taken During Day Care

This Entire Form Must Be Completed Prior To the Medication Being Given To a Child

It is **PREFERRED** that a physician complete the top section. If a Parent is unable to get that completed, he or she must fill in **Section I** in addition to completing **Section II**.

Creative Kids agrees to administer medication prescribed by a licensed health care provider. It is the parent/guardian's responsibility to furnish the medication. The parent agrees to pick up all expired or unused medication within one week of notification by staff.

Prescription medication must come in a container labeled with: child's name, name of medication, time to be given, dosage, and date medication is to be stopped (if applicable) and licensed health care provider's name. Pharmacy name and Phone Number must also be included on the label.

Section I

Physician/ Parent: The student for whom this medication is prescribed is under a doctor's care.

Child's Last Name First Name Date of Prescription

Name of Medication Purpose of Medication

Dosage Prescribed/Frequency Length of Time Needed Dose Form (Tablet/Liquid) Color

Side effects that need to be reported Starting Date Ending Date

Special Instructions/Comments: _____

Print Name of Physician Signature of Physician

Physician Address Phone Number Date

Section II

I request that my child, _____, be assisted/supervised in taking the above prescribed medication. I accept all legal responsibility and release the 31st District PTSA Creative Kids from any liability. I also give permission for my child's health care provider to share information about administration of this medication with the Creative Kids staff delegated to administer medication.

Parent/Guardian Signature Date

Site Supervisor Signature Creative Kids Program