

# Medication Request for Child Care Provider

The first part of this form must be filled out and signed either by the child's doctor or by the parent as prescribed by the doctor, and the second part must be filled out and signed by the child's parent/guardian. Both parts of this form must be completed to enable the child care provider to administer prescription medication to the child.

## Part 1. Physician's Orders for Prescription Medication

Name of child:

Medication:

Condition for which prescribed:

Dosage:

Time of administration:

Dates of administration (check one box and fill in the information):

- For \_\_\_\_\_ (number of) days, starting immediately.
- From \_\_\_\_\_ until \_\_\_\_\_ (insert dates)
- Administer the medication as directed until it runs out.

Possible side effects:

Other notes:

Physician's signature \_\_\_\_\_

Date \_\_\_\_\_

Physician's address \_\_\_\_\_

Physician's phone number \_\_\_\_\_

## Part 2. Parent/Guardian's Request to Administer Prescription Medication

I, \_\_\_\_\_, parent/guardian of the above child, request that \_\_\_\_\_, child care provider, administer the above medication to my child as prescribed above by the child's physician.

Parent or legal guardian's signature \_\_\_\_\_

Date of signature \_\_\_\_\_

Parent or legal guardian's signature \_\_\_\_\_

Date of signature \_\_\_\_\_