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 my child be administered 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 ____________