

# MEDICATION ADMINISTRATION FORM

NAME OF CHILD \_\_\_\_\_

NAME OF MEDICATION \_\_\_\_\_

PRESCRIPTION NUMBER \_\_\_\_\_

AMOUNT OF EACH DOSAGE \_\_\_\_\_

TIME OF DAY TO BE GIVEN \_\_\_\_\_

METHOD OF GIVING DOSAGE \_\_\_\_\_

DATE –FROM \_\_\_\_\_ TO \_\_\_\_\_

POSSIBLE SIDE EFFECTS \_\_\_\_\_

REASON FOR MEDICATION \_\_\_\_\_

PERSON DESIGNATED TO ADMINISTER MEDICATION \_\_\_\_\_

NAME OF PARENT OR GUARDIAN \_\_\_\_\_

\_\_\_\_\_  
PARENT OR GUARDIAN  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PHYSICIAN NAME

**\* PRESCRIPTION MEDICATIONS AND EPI-PENS NEED A DOCTORS  
NOTE AND NEED TO BE IN THE ORIGINAL, LABELED CONTAINER\***

USE SEPARATE FORMS FOR EACH MEDICATION

USE SEPARATE FORMS FOR EACH CHILD