REQUEST FOR MEDICATION TO BE GIVEN

I request that (Child's Name)_____
be allowed to take the following medication at The Elegant Child

Days enrolled: M T W TH F Classroom _____

I am sending medication in its original labeled container
( ) prescription ( ) non-perscription

If non-perscription, I have provided a Doctor's note
( ) yes ( ) no

Name of Medication _____

Reason for Medication_____

Dosage to be given _____

Exact times administered at school _____

Exact dates to be given at school From _____ Through _____

If this form is for over the counter medications, it is good for
one school week Monday through Friday

Side effects from Medication _____

Will you be giving this medication at home? If so what times_____

Parent or Guardian Signature X _____

Staff Name	Date	Medication Name	Dosage	Time