



REQUEST FOR THE ADMINISTRATION OF MEDICATION

Section I: Physician's Instructions

(Name of child) _____ is under care and should receive
 (name of medicine, vitamin, or modified diet) _____
 (dosage) _____ as follows _____
 Specific instructions for administration: _____
 Possible side effects to watch for: _____
 Expiration date (may not exceed six months from date of this request if prescribing medication or
 food supplement): ___/___/___

Signature of Physician	Date of Signature	Telephone Number ()
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Note: If medication or vitamin is a prescription from pharmacy, physician's instructions and signature will not be required. Instead of having the above section completed, the parent completes the chart below:

Practice Number	Pharmacy
Street Address	Telephone Number ()

Section I does not need to be completed for certain non-prescription items: fever-reducing medicines that do not contain aspirin; cough or cold medications that do not contain codeine; and topical ointments, creams or lotions.

Section II: Parent/Guardian Request for Administration of Medicine, Vitamin, Food Supplement or Modified Diet

I hereby request and give permission to AMATUS KIDS ACADEMY provider to administer the following medication, vitamin, or special diet to my child:

Name of Child	Name of Medication	Dosage	Time(s) to be given
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Signature of Parent	Date of Signature
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Section III: Medication Given by AMATUS KIDS ACADEMY

(Name of child) _____ was given _____
(name of medicine, vitamin, or modified diet) _____ (dosage, at the
following time(s) _____ on the following date(s):

Date of Dosage	Amount of Dosage	Signature