

Medication Form

Name of Child: _____ **DOB:** _____ **Age:** _____

Is this a PRESCRIPTION with a complete pharmacy label? YES - NO

Is this a NON-PRESCRIPTION medication with a doctor's note? YES - NO

Name of Medication: _____ **Expiration Date:** _____

Prescribing Physician: _____ **Clinic:** _____

Illness or Condition Being Treated: _____

Possible Side Effects or Drug Interactions: _____

First Day of Medication to be given at Discovery Kids: _____

Last Day of Medication to be given at Discovery Kids:_____

Times for Each Dosage: _____AM/PM _____AM/PM **Dosage Amount:**_____

Route of Administration (oral, topical, etc): _____

I hereby give authorization for the staff of Discovery Kids to administer the above medication according to the above instructions. I recognize that the staff will not be held liable for any illness or injury resulting from the administration of this medication, and will not be held responsible for reimbursement of medical expenses resulting from such actions.

Signature of Parent/Guardian

Date

Verbal Authorization: Date & Time:_____ **Staff Signature:**_____

Parent/Guardian Signature: _____

MEDICATION RECORD

[illegible]

MEDICATION RECORD (cont.)

[illegible]