



Attach Photo

MEDICATION FORM

Child's Name: _____ Date: _____

Teacher: _____ Classroom: _____ P.M. Program? _____

MEDICATION INFORMATION:

Name of Medication: _____ Rx #: _____

Prescribing M.D.: _____ M.D. Phone Number: _____

Rx Date: _____ Purpose of Rx: _____

Dose: _____ Frequency/Time of Administration: _____

Potential Adverse Reactions: _____

ARE YOU REQUESTING THAT MLCCC STAFF ADMINISTER THIS MEDICATION?

Yes No (this sheet is for informational purposes only)

If "YES" then please sign here indicating that you give your permission for staff at Messiah Lutheran Child Care Center to administer the aforementioned medication at the dose and frequency noted above:

Parent Signature

Date

MONTHLY UPDATES:

Monthly Update	Parent Signature	Date
Prescription as noted above is still current and medication is within expiration dates if applicable		
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After six months please complete new form.

MEDICATION DISCONTINUATION:

Medication Discharge	Parent Signature	Date
Prescription as noted above has been discontinued.		

