MEDICATION INSTRUCTION SHEET

This form is to be used when a child is on medication for an extended period of time.

To be completed by Parent or Guardian:

Child's Name: _____

Medication: _____ Amount to Be Given: _____

Start Date: _____ End Date: _____

Maximum of 2 weeks

Time to Be Given (Exact): _____

Other Instructions (i.e. with food, etc.): _____

_____

_____

Last Time Given (by parent): _____

_____

Signature of Parent

_____

Printed Name of Parent (Full)

To be completed by staff member at the time medication is administered:

Date	Medication	Time Given	Dosage	Next Time Due	Staff Initials

Medication Returned to Familky? YES / NO

_____

STAFF SIGNATURE