

Dear Parent/guardian,

Child's Name _____

Prescription Number _____

Name of Medication _____

Amount of medication to be given at each dosage_____

Instructions (how to give or apply, such as give by mouth, apply to skin, inhale, drops in eyes, etc.) _____

Time and date of last dosage given at home _____

Time(s) of dosage(s) to be given at the child care facility _____

Please give my child the above-named medication at the time(s) and in the amount(s) indicated.

Signature of parent/guardian

Date _____

To be completed by licensee/staff/caregiver[illegible]