



**Prescription Medication Administration**

Child's Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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Barre City Kids has permission to administer the following prescription medication to my child. Medication will be provided in its original packaging with the prescription label attached.

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Reason for needing this medication: \_\_\_\_\_

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_

How many days will the child require treatment with this medication: \_\_\_\_\_

Please initial next to each of the following items:

\_\_\_\_\_ My child has been free of fever, vomiting, and/or diarrhea for at least 24 hours.

\_\_\_\_\_ My child has been on antibiotic treatment for pink eye or communicable skin rash for at least 24 hours, if applicable.

\_\_\_\_\_ My child has received their first dose of the prescription medication prior to returning to daycare.

\_\_\_\_\_ My child's doctor has stated that it is of for my child to return to daycare.

\_\_\_\_\_  
(Parent/ Guardian Signature)

\_\_\_\_\_  
(Date)