EMMANUEL LUTHERAN PRESCHOOL AND DAYCARE

Request to Give Medication / Record of Medication Order

All medications, medicinal products, physician's sample medication and medicinal skin care products given or used at a child care center must include the exact name of medication, dosage to be given, time to be given and reason for use. (If used for fever, the degree of temperature must be stated.) A physician's order is valid for one year.

All medications must be in original containers labeled clearly with the child's name, physician's name, name of medication, directions for use and the date prescribed.

DO NOT PUT MEDICATION IN CHILD'S LUNCH BOX OR BACK PACK!

Bring medication and this request directly to the preschool/daycare office.

-	Child's Name (Please Pr	rint)
Be given		
Be given Exact Name of Medication (Please Print)		Reason for Use (other than fever)
Used for Fever?	→ YES	Degree of temperature
On the following date(s)	Month / Day / `	Year
At the following time(s)	Time of Day	
Dosage to be given	Dosage (Please Print	t)
Printed Physician's Name		Physician's Phone Number
<u>Signature</u> of Physician		Month / Day / Year
<u>Signature</u> of Parent/Guardian		Month / Day / Year
		school/Daycare Use on Given
Date (Month/Day/Year)	Time	Name of Director/Teacher/Staff Administering Medication

I request that _____