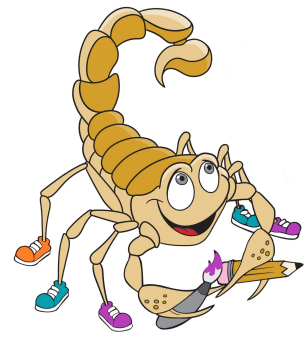




**EARLY CHILDHOOD
EDUCATION CENTER**
NEVADA STATE COLLEGE



MEDICATION REQUEST

I am requesting that the following medication be administered to my child. I have provided a prescription for this medication (even if it is over the counter), it is in its original container with a child proof lid, and it is labeled with the name of my child.

Child's Name: _____ Medication Name/Dosage: _____

Dates to be given: _____ Times to be given: _____

<u>DATE/TIME</u>	<u>MEDICATION/DOSAGE</u>	<u>PERSON ADMINISTERING</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Parent Signature: _____ Date: _____

Staff member who has been trained with administering medication: _____

Training provided by: _____ Date: _____
