

Medication MUST be in the original container and labeled with the child's name and medication name, dosage, date of expiration, administration instructions, storage instructions, and provider. CHILD'S NAME: _____ NAME OF MEDICATION AND DOSAGE: _____ CLASSROOM: _____ PERSON ADMINISTERING COMMENTS DOSAGE (i.e. spills, refusal of meds, reaction, change in reaction, unusual behavior, NO Changes) **DATE** TIME **GIVEN MEDICINE** Signature indicates this form has been reviewed and discussed and a copy has been provided to the parent/guardian Meds rec'd from parent Meds returned to parent Parent/Guardian Signature: Date: _____ Amount Date Amount Date Health Services Manager: Date: Teacher Int. Parent Int. Teacher Int. Parent Int.