

Request to Administer Medication, Ointment, Adhesive, Lotion

Child's Name: _____

I hereby request _____, my child care provider, to administer the following medication, ointment, adhesive, lotion, or specified item to my child.

IMPORTANT Any medication or ointments to be applied to your child must be brought in in its *original package/container with physician or manufacturer direction(s) and your child's name printed on the package/container.*

Please complete the form below for prescription and non-prescription medication so we have clear understanding of when, how often and how much to administer the medication, ointment, adhesive, lotion, or specified item for your child.

Start Date: _____ **End Date:** _____ **Keep the item at child care? Y/N**

Name of Medication/Ointment/Adhesive/Lotion/Other:

When/Time(s) to Administer: (Please enter exact times if possible.)

Amount/Dosage:

Frequency:

Directions/Notes: _____

Parent's Signature: _____ **Date:** _____