



MAPLE TREE CHILDCARE CENTER
PRESCRIPTON
MEDICATION FORM

Medicine must be in the original prescription bottle/packaging, have the child's name, and be recently issued. Prescription orders may be honored for up to 2 weeks.

Child's name	
Today's date	
Name of medication	
Condition for which the medication was prescribed	
Possible side effects	
Medication start date	
Medication end date	
Dosage amount	
Time of day to give medication (once daily at the center whenever possible)	
Administration of the medication	<input type="checkbox"/> By mouth <input type="checkbox"/> Topically <input type="checkbox"/> Other
Parent's signature	



MEDICATION ADMINISTRATION FORM FOR MAPLE TREE STAFF

Child's name	
Name of medication	
Medication type	<input type="checkbox"/> Prescription medication with child's name, dosage information, and dates <input type="checkbox"/> Over the counter medication with doctor's instructions included

	Dosage amount Time Signature	Dosage amount Time Signature	Dosage amount Time Signature	Dosage amount Time Signature
Date				
Date				
Date				
Date				
Date				
Date				
Date				
Date				
Date				
Date				
Date				

Remaining medicine:

- Returned to parent.
- Discarded.
- Used up

Initials	Print name	Signature

Teacher's Signature _____



MAPLE TREE CHILDCARE CENTER
OVER-THE-COUNTER
MEDICATION FORM

Medicine must be in the original bottle/packaging.

An order for your child, with dates, dosage amounts, and times must be written by a doctor and accompany this form.

Medication orders may be honored for up to 2 weeks.

Child's name	
Today's date	
Name of medication	
Condition for which the medication was prescribed	
Possible side effects	
Medication start date	
Medication end date	
Dosage amount	
Time of day to give medication (once daily at the center whenever possible)	
Administration of the medication	<input type="checkbox"/> By mouth <input type="checkbox"/> Topically <input type="checkbox"/> Other
Parent's signature	



MEDICATION ADMINISTRATION FORM FOR MAPLE TREE STAFF

Child's name	
Name of medication	
Medication type	<input type="checkbox"/> Prescription medication with child's name, dosage information, and dates <input type="checkbox"/> Over the counter medication with doctor's instructions included

	Dosage amount Time Signature	Dosage amount Time Signature	Dosage amount Time Signature	Dosage amount Time Signature
Date				
Date				
Date				
Date				
Date				
Date				
Date				
Date				
Date				
Date				
Date				

Remaining medicine:

- Returned to parent.
- Discarded.
- Used up

Teacher's Signature _____

Initials	Print name	Signature

