



## PRESCRIPTION MEDICATION REQUEST

The first part of this form must be filled out and signed by the child's doctor. The second part must be filled out and signed by the child's parent/guardian. Both parts must be completed to enable staff here at Stoney Court Playcare to administer prescription medication to the child.

### Part I. Physician's Orders for Prescription Medication

Name of Child: \_\_\_\_\_

Medication: \_\_\_\_\_

Non-Prescription Medication to be administered:

Tylenol (Acetaminophen)                      Motrin (Ibuprofen)                      Benadryl (Diphenhydramine)

Condition for which prescribed: \_\_\_\_\_

Dosage: \_\_\_\_\_ Time/Frequency: \_\_\_\_\_

Route:    Oral                      Topical                      Inhaled                      Injection                      Other

Date to Start: \_\_\_\_\_ Date to Stop: \_\_\_\_\_ Expiration: \_\_\_\_\_

Additional Instruction/Comments: \_\_\_\_\_

Known/Possible Side Effects: \_\_\_\_\_

\_\_\_\_\_  
Physician's Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Physician's Address

\_\_\_\_\_  
Physician's Phone Number

### Part II. Parent/Guardian's Request to Administer Prescription Medication

I, \_\_\_\_\_, parent/guardian of \_\_\_\_\_,  
request that the staff at Stoney Court Playcare administer the above medication to my child as  
prescribed above by the child's physician.

\_\_\_\_\_  
Parent or Legal Guardian's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Legal Guardian's Signature

\_\_\_\_\_  
Date