## THE WHITE OAK SCHOOL MEDICINE REQUEST FORM

I request tha	at the following medi	cation be given as p	prescribed to my child by day care personnel
CHILD'S NAME:			
Name of Medic	cation:		
Dosage: _		Time:	
Frequency:		Dates	to be given:
Does medicati	ion need to be refrig	gerated?	
Condition for	which medicine has	been prescribed:	
Possible Side	e Effects:		
Special Instr	ructions:		
Date:		Parent or Legal Gua	aardian:Signature
			Print Name (Parent)
	Med	ication Adminis	stration Record
DATE	TIME	DOSE	STAFF SIGNATURE