

**Regina Pre-K, Preschool & Daycare, Early Childhood Center**  
**2140 Rochester Ave., Iowa City, IA 52245**  
**MEDICATION SHEET**

Date: \_\_\_\_\_ Child's Name: \_\_\_\_\_  
Physician's Name: \_\_\_\_\_ Name of Medication: \_\_\_\_\_

All nonprescription and prescription medications require a written parental authorization. Each prescription shall be clearly labeled with the child's name, physician's name, name of medication, dosage and time medication is to be given. Non-prescription medications shall be in the original container and labeled with the child's name. For long-term medication, do not send more than a month's supply.

Please give the above medication directed below:

Amount to be given: \_\_\_\_\_  
Doses given per day: \_\_\_\_\_ Times given: \_\_\_\_\_  
Number of days given, with starting & ending dates: \_\_\_\_\_  
Method of administration: \_\_\_\_\_

Date	Medication	Amount	Time Given	Initial of Staff

I (we) the undersigned, give Regina Preschool & Daycare authorization to administer the prescribed medication in the amount and method stated above.

\_\_\_\_\_  
Parents(s) or Guardian Signature \_\_\_\_\_  
Date