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.