

MARGARET CRIBB CHILD CARE CENTRE

MEDICAL ADMINISTRATION REQUEST

I

Having supplied (medication name) A.

B:

To Margaret Cribb Child Care Centre for my child,

.....in Playroom #.....

and wish the staff to administer this said medication as follows:

1st dosage: A _____ mls/mgs _____ am/pm

B _____ mls/mgs _____ am/pm

2nd dosage: A _____ mls/mgs _____ am/pm

B _____ mls/mgs _____ am/pm

From date commencing/...../.....

and ending/...../.....

This medication is for the following condition:

.....

The medication needs refrigeration: YES / NO

The medication is to be administered: BEFORE / AFTER / WITH MEALS

The medication was last administered at:am/pm

PARENTS SIGNATURE

DATE

WITNESS

