Cradle 2 Crayons Daycare & Preschool Request for Administration of <u>RX Medication</u>

Child's Name :			
Child's Weight:			
RX # (from bottle):			
Name of Medication	on:		
Dosage:			
Route (by mouth, to	ube, supposito	ory):	
How often to admi	nister:		
Last dose prior to d	rop off (date,t	time):	
Storage conditions (room temp, fridge):			
Special instructions:			
prescription medication quency. I understand al side effects to me imme	to I medications had ediately.	ve side effects and	Goodman, permission to administer the above in the above dosage, route, and fred I am aware that the provider will report any
			PROVIDER SIGNATURE
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