

# PARENT'S INSTRUCTIONS FOR MEDICATIONS!

Please provide the following information:



Child's Name \_\_\_\_\_

Health Problems \_\_\_\_\_ Name of Medication \_\_\_\_\_

Amount \_\_\_\_\_ Times given at home \_\_\_\_\_

K&K BABYSITTING \_\_\_\_\_

Amount \_\_\_\_\_ Times to be given \_\_\_\_\_

How long medication to be continued \_\_\_\_\_

\_\_\_\_\_

Date

Parent's Signature

\_\_\_\_\_ to authorize \_\_\_\_\_

Doctor's signature

An over the counter preparation

Record of administration (To be filled out by person who gives medication)

Date      Time      Amount      Initials

Date      Time      Amount      Initials

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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