

## MEDICATION REQUESTS

### FOR PARENTS:

*Please print clearly*

1. Child's name \_\_\_\_\_

2. Name of medication \_\_\_\_\_

3. Amount to be given \_\_\_\_\_

4. How is it to be given \_\_\_\_\_  
(i.e., mouth, inhalation)

5. Time due/frequency \_\_\_\_\_  
(include the number of days to be given)  
When child was given most recent dose \_\_\_\_\_

Special Instructions \_\_\_\_\_

(include reasons/  
indications to give  
medication) \_\_\_\_\_  
\_\_\_\_\_

Where stored \_\_\_\_\_

RX Number \_\_\_\_\_

Exp. date \_\_\_\_\_

**PARENT SIGNATURE** \_\_\_\_\_

### FOR STAFF

*Please double check the five rights*

Given by \_\_\_\_\_

Date/Time given \_\_\_\_\_

Reason given \_\_\_\_\_

Given by \_\_\_\_\_

Date/Time given \_\_\_\_\_

Reason given \_\_\_\_\_

Given by \_\_\_\_\_

Date/Time given \_\_\_\_\_

Reason given \_\_\_\_\_

Given by \_\_\_\_\_

Date/Time given \_\_\_\_\_

Reason given \_\_\_\_\_

Given by \_\_\_\_\_

Date/Time given \_\_\_\_\_

Reason given \_\_\_\_\_