

## PRESCRIPTION MEDICATION FORM

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

I hereby give permission to Maison Kinder to administer the medication listed below in accordance with the directions for use listed on the container.

Name of medication \_\_\_\_\_

Dosage \_\_\_\_\_

Time(s) of Dosage \_\_\_\_\_

Any special instructions (take with food, on an "as needed" basis, etc.):

\_\_\_\_\_

Start Date of Prescription \_\_\_\_\_

End Date of Prescription \_\_\_\_\_

Possible side effects \_\_\_\_\_

\_\_\_\_\_

RxNumber \_\_\_\_\_

Name of Pharmacy \_\_\_\_\_

Pharmacy Address \_\_\_\_\_

Pharmacy Phone \_\_\_\_\_

Name/Phone of prescribing Physician \_\_\_\_\_

I release Maison Kinder from any liability from administering this medication.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

\*All Prescription Medication must be in the original container clearly labeled with the child's name and dispensing instructions .