

Good Shepherd Catholic Montessori Request for Administration of Medication

Rule 5101:2-12-51 and Rule 5101:2-13-50 of the Ohio Administrative Code specify the requirements for administering medication, vitamins, food supplements, or modified diets to children in day care centers and type A family day care homes. This form must be completed as outlined below.

Section I: Physician's Instructions

(Name of child) _____ is under my care and should receive

(Name of medicine, vitamin, or modified diet) _____

(dosage) _____ as follows _____

Specific instructions for administration: _____

Possible side effects to watch for: _____

Expiration date (may not exceed six months from date of this request if prescribing medication or food supplement): _____

Signature of Physician	Date of Signature	Telephone number
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Rx Number	Pharmacy
Telephone number	Street Address

Section 1 does not need to be completed for certain non-prescription items: fever-reducing medicines that do not contain aspirin; cough or cold medications that do not contain codeine; and topical ointments, creams, or lotions.

Section II: Parent/Guardian Request for Administration of Medicine, Vitamin, Supplement or Modified Diet

I hereby request and give permission to the administrator or his delegate to administer the following medication, vitamin, or special diet to my child:

Name of child	Name of item to be administered	Dosage	Time(s) of dosage
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Signature of Parent/Guardian	Date of signature
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Section III: Medication Administered by Personnel

(Name of child) _____ was given

(name of medication, vitamin, or special diet) _____

(dosage) _____ at the following times on the following dates:

Date of Dosage	Amount & Time of Dosage	Signature of Personnel Administering Medication

(use reverse side to record additional dosages, if needed)