MEDICATION ADMINISTERING INFORMATION

| Participant's Name | Age |
|--|--|
| Parent/Guardian/Caregiver's Name | |
| Home Phone | Daytime Phone |
| Cell Phone | |
| Emergency Contact | Phone |
| Doctor's Name | Phone |
| Medication Information | |
| 1. Name | Time |
| Dosage | Route |
| Special Instruction | |
| 2. Name | Time |
| Dosage | Route |
| Special Instruction | |
| 3. Name | Time |
| Dosage | Route |
| Special Instruction | |
| instructions in the original prescription changed or modified by completing anot I hereby acknowledge that the above inf | lity to give the medication directly to staff with full bottle. In all cases, medication administration can only be her <i>Medication Administration Information</i> form. Formation provided for the administering of medication for I also understand that it is my responsibility to inform the ng of medication are necessary. |
| Signature of Parent/Guardian/ Caregiver | Date |