



**AppleTREE**  
*Academy*  
An Early Childhood Development Program

## Over the Counter Medication Administration Form

Medication must be in its original container with the  
Child's name & dosage amount

Child's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Child's Weight: \_\_\_\_\_

Medication: \_\_\_\_\_ Dosage Amount: \_\_\_\_\_

Reason for Medication: \_\_\_\_\_

Time to be Given: \_\_\_\_\_ (Dispensed once daily between 11:30-12:30)

Prescribing Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician Address: \_\_\_\_\_

Side Effects: \_\_\_\_\_

Physicians Signature: \_\_\_\_\_

(Only needed if dosage doesn't match your child's age / weight)

Storage Directions: \_\_\_\_\_

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Time Given: \_\_\_\_\_ Staff Signature: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Phone: \_\_\_\_\_

**ALL MEDICATIONS MUST GO HOME AT END OF SCHOOL DAY**

Parent's Initials at end of day: \_\_\_\_\_

(Showing medicine was taken home)

**Medication will not be dispensed the following day  
if this form is not initialed at the end of the school day.**