

**KIDDIE PREP SCHOOL, Inc
RECORD OF PRESCRIPTION MEDICATION**

CHILD'S NAME: _____ DATE: _____

INSTRUCTIONS: Please give my child the following medicine:

Prescription Number: _____

Prescription Name: _____

Physician's Name: _____

Amount: _____ Time: _____

Must be REFRIGERATED: YES NO Keep at ROOM TEMPERATURE: YES NO

Medicine MUST be in the original container with a pharmacy label showing.

PARENT'S SIGNATURE: _____

INITIALS OF STAFF MEMBER ASSISTING PARENT/GUARDIAN: _____

Place this copy with the medication.



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Keep this copy on the room's medicine clip board until the medicine is gone. Then hand this copy in to the office for filing in the child's record.