

# LEARNING TREE SCHOOLS

## PARENT REQUEST TO ADMINISTER MEDICATION

CHILD'S NAME \_\_\_\_\_ AGE \_\_\_\_\_ CLASS \_\_\_\_\_

I, \_\_\_\_\_ request that the staff at Learning Tree give my child named above the medication listed below. I have read the "Learning Tree Medication Policy" and I understand that all medications are given *immediately after lunch and at no other time*. Please initial here indicating your understanding and acceptance of this policy \_\_\_\_\_.

My child has been seen by Dr. \_\_\_\_\_ and is being treated for \_\_\_\_\_.

Has your child had this medication before? \_\_\_\_\_ yes \_\_\_\_\_ no

Were there any side effects? \_\_\_\_\_ yes \_\_\_\_\_ no If so, please describe \_\_\_\_\_.

How is this medication given? \_\_\_\_\_ ORAL (by mouth) \_\_\_\_\_ TOPICAL (to skin)  
\_\_\_\_\_ OTHER, please describe \_\_\_\_\_

This medication expires on: date \_\_\_\_\_

DAY	DATE	NAME OF MEDICATION	DOSAGE	LEARNING TREE USE ONLY
_____	_____	_____	_____	Given at _____ by _____ / _____ Errors/Reactions _____ Date _____ Dosage _____
_____	_____	_____	_____	Given at _____ by _____ / _____ Errors/Reactions _____ Date _____ Dosage _____
_____	_____	_____	_____	Given at _____ by _____ / _____ Errors/Reactions _____ Date _____ Dosage _____
_____	_____	_____	_____	Given at _____ by _____ / _____ Errors/Reactions _____ Date _____ Dosage _____
_____	_____	_____	_____	Given at _____ by _____ / _____ Errors/Reactions _____ Date _____ Dosage _____
_____	_____	_____	_____	Given at _____ by _____ / _____ Errors/Reactions _____ Date _____ Dosage _____
_____	_____	_____	_____	Given at _____ by _____ / _____ Errors/Reactions _____ Date _____ Dosage _____
_____	_____	_____	_____	Given at _____ by _____ / _____ Errors/Reactions _____ Date _____ Dosage _____

Signature of **\*PARENT** only. \_\_\_\_\_ date \_\_\_\_\_

\*The law in Utah does not allow stepparents, grandparents, or other relatives to sign this form unless they have legal guardianship. Please see the director if you have any questions.