

MEDICATION RECORD FORM
SACE SUMMER PROGRAM

Name of Child: _____ Date of Birth: _____

Medication and Food Allergies: _____

Name of Medication: _____

Taken for: _____

Dose: _____ Frequency: _____

Special Instructions: _____

Prescribed By: _____

Date and Time to be Administered: _____

Medicine must be in the original packaging/container with current dates and marked with the name of the patient (child). NO MEDICATION WILL BE DISTRIBUTED WITHOUT BOTH A DOCTOR'S ORDER AND PARENT PERMISSION VIA A MEDICATION RECORD FORM.

Parent/Guardian Signature: _____ Date: _____

Doctor's orders must be attached to this form.