

Saint Mark's Preschool

Medicine Sheet

Fill out one sheet for each medication. This needs to be done every week, per licensing (with exception of epi-pens and breathing treatments). For epi-pens/breathing treatments, a written note from your pediatrician should accompany this form.

Child's name _____ Today's date _____

Name of medication _____

Dosage _____

Time to be given _____

Dates to be given _____

Parent's address _____

Parent's telephone contact number _____

Parent's signature _____

If epi-pen or breathing treatment, please include the following:

Doctor's name _____

Doctor's address _____

Doctor's telephone number _____

Expiration date of epi-pen or breathing treatment _____

Date / / Given by: _____ Witness: _____ Time: _____

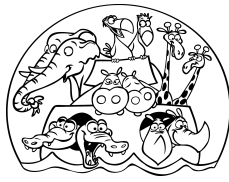
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