

Serendipity Medication Form

Child's Name: _____ Birth Date: _____

Physician's Name: _____ PH #: _____

Physician Address: _____

Over the Counter Medications (used PRN)

(Please check all that apply)

- Motrin (ibuprofen) Dose: _____
- Tylenol (acetaminophen) Dose: _____
- Sun Screen (center designated brand is Coppertone clear spray)
 - Each parent must bring 1 bottle for summer use
 - If you prefer other brand please supply specific product
 - Brand preference: _____
- Antibiotic Ointment
- Benedryl (liquid) Dose: _____
- Insect Repellent Brand: _____
- _____
- _____

Prescription Medications (used PRN)

- Nebulizer Treatment
- Inhaler Give _____ Puffs/per _____
- _____
- _____
- _____

I/we give our permission to use the above medications during the hours of attending Serendipity Learning Center. Administration can be given by written or verbal permission when my child needs treatment. If verbal permission is given, I will sign a medication form upon picking up my child.

Signature of Parent

Date

Signature of Parent/Guardian

Date

Signature of Physician

Date