



FIRST  
PRESBYTERIAN  
PRESCHOOL

Child's Name \_\_\_\_\_

Child's Date of Birth \_\_\_\_\_

Allergy To: \_\_\_\_\_ Medication \_\_\_\_\_

1. Specific indications for administering the medication: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. Potential Side Effects \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. Dose to be administered and action to be taken in the event of side effects or incomplete treatment response: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. Instructions for proper storage of the medication: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Doctor's Name, Address, Phone number:

Parent's Name, Address, Phone number: