

# Request for Office to Administer OTC Medication To A Child

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

I request that \_\_\_\_\_ be administered to  
my child.

Directions for administering the above-mentioned medication:

Time: \_\_\_\_\_

Amount: \_\_\_\_\_

Duration of this request: \_\_\_\_\_

Specific instructions: \_\_\_\_\_

\_\_\_\_\_  
Parent's signature

\_\_\_\_\_  
Date