

*A Friend of the Family*<sup>®</sup>

**CLIENT'S REQUEST TO HAVE CAREGIVER OFFER MEDICATION**

Each medication requires a separate form.

Name of Legal Guardian \_\_\_\_\_

Name of Child/Client \_\_\_\_\_

Name of Medication(s) \_\_\_\_\_

Place Stored \_\_\_\_\_

Continually \_\_\_\_\_ (or) Dates to be given: From (\_\_\_/\_\_\_) To (\_\_\_/\_\_\_)

Prescription Number \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

Pharmacy Name \_\_\_\_\_

Phone \_\_\_\_\_

Prescribing Doctor \_\_\_\_\_

Phone \_\_\_\_\_

**How Often Should Medication Be Offered?:**

**Medication Dosage Amount Each Time:**

**When Should This Medication Be Offered? (i.e. before, during, after meals and etc.):**

**Possible Side Effects or Reaction Associated with this Medication:**

**What To Do If These Side Effects Occur:**

Be sure to check the prescription name, number and date on each container with the name, number, and date on each request form before each offering of the medication. Without this signed request form, Caregiver will be unable to offer any medication to your child (i.e. Tylenol, vitamin, and etc.).

Signed \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_