



VILLAGE OF MONEE Before and After School Care Program  
2021-2022  
**Medication Form**

If your child takes medication, please fill out this form in its entirety.

1. Each form of medication **MUST** be in the original container from the pharmacy.
2. The container **MUST** have the **ORIGINAL PRESCRIPTION LABEL**, which includes:  
Doctor's name, patient's name, pharmacy, medication, strength, dosage and date.

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

Name of Medication: \_\_\_\_\_

Dosage and Quantity: \_\_\_\_\_

Prescription Number: \_\_\_\_\_

Pharmacy Phone Number: \_\_\_\_\_

Times to be given: \_\_\_\_\_

Dates to be given: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_

Date last seen by Doctor: \_\_\_\_\_

I give permission for the Village of Monee staff to administer medication to my child.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
School

\_\_\_\_\_  
Grade