



PARKGATE CHILD AND FAMILY CENTRE

Operated by Parkgate Community Services Society
3625 Banff Court, North Vancouver, B.C., V7H 2Z8 Telephone: 983-6350 Fax: 983-6357
www.myparkgate.com

REQUEST FOR ADMINISTRATION OF NON-PRESCRIPTION MEDICATION AT THE CHILDCARE CENTRE
(please print clearly in ink and use one form per child as required)

A. TO BE COMPLETED BY PARENT/GUARDIAN

Child's Name: _____
(Surname) (First Name)

Birth Date (day/month/year): _____

Mother/Guardian: _____ Father/Guardian: _____

Home Phone: _____ Fax: _____ Home Phone: _____ Fax: _____

Work Phone: _____ Fax: _____ Work Phone: _____ Fax: _____

Family Doctor: _____ Phone: _____

B. TO BE COMPLETED BY PHYSICIAN OR PARENT/GUARDIAN

Condition which makes medication necessary: _____

Name of medication: _____

Dosage type: Pills: _____ Drops: _____

Dosage quantity: Teaspoons: _____ Ounces: _____ Milliliters: _____

Time to be given: _____AM _____PM

Date to start: _____ Date to end: _____

To be given with: _____
(juice, water, milk, empty stomach, full stomach)

Additional comments (e.g. possible reactions, consequences of missing medication): _____

Date: _____ Signature : _____

Phone number: _____

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