

Pre-Filled Out Medication Information Form

This form must be filled out and returned to The Children's Museum prior to attending the program. Please email completed form to Patrick Burgess pburgess@thechildrensmuseumct.org.

Each medication requires a separate Authorization for the Administration of Medication Form (found on our Website)

Please keep in mind that all medications must meet the following criteria when dropped off at the program:

- In the original container (including over the counter medications)
- Has a pharmacy label
- Not expired
- Medications must be in the form the doctor has prescribed on Authorization of Medication Form (ex pills vs liquid)

Child's Name: _____

Please fill out the following information for each medication your child is bringing including over the counter medications.

Medication #1

Medication Name:

Dose of medication:

Pharmacy Name:

Prescription (Rx) Number:

Expiration Date?

Is the medication in the original container?

If this is a prescribed medication, does the container have a pharmacy label?

Medication #2

Medication Name:

Dose of medication:

Pharmacy Name:

Prescription (Rx) Number:

Expiration Date?

Is the medication in the original container?

If this is a prescribed medication, does the container have a pharmacy label?

Medication #3

Medication Name:

Dose of medication:

Pharmacy Name:

Prescription (Rx) Number:

Expiration Date?

Is the medication in the original container?

If this is a prescribed medication, does the container have a pharmacy label?

Medication #4

Medication Name:

Dose of medication:

Pharmacy Name:

Prescription (Rx) Number:

Expiration Date?

Is the medication in the original container?

If this is a prescribed medication, does the container have a pharmacy label?