



MEDICATION AND TREATMENT PERMISSION REQUEST FORM

Redwood requires that all children and adults who need medication or treatment during program hours must:

1. Complete this form.
2. Bring the medication in the original prescription bottle, properly labeled by a registered pharmacist as prescribed by law.
3. Have physician sign this form as an order for the medication or treatment.

NAME: _____

BIRTH DATE: _____

MEDICATIONS: List all medication your child or adult is currently receiving, and please circle the medication if it is given during Redwood program hours.

<u>Medication</u>	<u>Dosage</u>	<u>Time Given</u>		<u>Reason</u>
		a.m.	p.m.	

NURSING SERVICES: List/describe any nursing services your child or adult will need during program hours (G-tube feeding, breathing treatments, catheterization, etc.):

G-Tube Feeding/Time(s): _____

Catheterization/Time(s): _____

Breathing Treatment/ Time(s): _____

Other Service(s): _____

Physician's Signature

Date

Original – Main File
Copy – Nursing