

Sunflower Sitters Referral Services

HEALTH FORM (PLEASE HAVE COPY AVAILABLE FOR PROVIDER)

My child _____ has a health issue that all providers should be aware of:

The health issue is _____

This health issue is treated in the following manner:

He/She will need medication administered.

Medication name:

Dosage:

Time to administer:

Child's physician:

Number:

Address:

The child care provider who will be coming into our home through Sunflower Sitters Referral Services, LLC. has our permission to disperse the above mentioned medication in the dosage and at the time listed above. Emergency contact numbers are: _____

Parent Signature _____ Date _____

Parent Signature _____ Date _____