



Educational Enrichment Center, Inc  
730 Halstead Road  
Wilmington, DE 19803  
Phone 302-478-8697  
Fax 302-478-8741

\_\_\_\_\_ Date  
Expires 1 year  
from date above

### Nonprescription Medication Request

I give permission to EEC, Inc. staff to administer the following medication to:

Name of child \_\_\_\_\_

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

Dosage \_\_\_\_\_

Time(S) \_\_\_\_\_

Reason for giving \_\_\_\_\_

\_\_\_\_\_

Prescribing physician \_\_\_\_\_

\_\_\_\_\_ (signature)

Circle One:

Office Copy

Class Copy