

# Medication Permission Form

All medications need a completed Medication Permission Form in order to be administered. Please complete all fields. Medication must be handed directly to the Administrator. Do not leave medication in your child's backpack. Siblings cannot share medication. Prescription or Written Order must be attached and have the pharmacy, physician, and child's name clearly shown. All dates on the bottle must be current. The initial dosage of a new medication must be given at home; it is recommended that the first daily dose be given at home. All medication must be in the original bottle. Please see the Administrator with any questions.

## To be completed by the parent/guardian:

Child's first and last name:	Child's date of birth:	Site location:	Classroom name:
	/ /		
Parent/Guardian first and last name:	Parent/Guardian signature:	Parent/Guardian work #:	Parent/Guardian home #:

Medication name:		Expiration date of medication:	
Strength of medication:		Start date for medication:	
Age appropriate/Provider specified dosage:		End date for medication:	
Time(s) for medication to be provided:		Does medication need to be kept refrigerated?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Medication will be administered means of (check one):	<input type="checkbox"/> spoon <input type="checkbox"/> medicine cup <input type="checkbox"/> dropper <input type="checkbox"/> topical cream <input type="checkbox"/> nebulizer <input type="checkbox"/> inhaler <input type="checkbox"/> injection*		
	* Please see Administrator. For allergies, please also complete an Allergy Action Plan.		
# of pills / medication quantity			
Instructions for administration of medication:			
Health Care Provider and phone number:			
Medication side effects (if applicable):			
Instructions for storage and disposal of medication:			
Parent comments:			

### Please check to ensure that:

- Child's Name is on medication    Dosage is clearly marked on medication    Medication is in the original bottle    Prescription or Written Order is attached

All medication must have child's name & dosage clearly marked.

Staff member receiving medication (print name):	Signature of staff member receiving medication:	Date:

**Administrator records all Medications given by utilizing the Daily Medication Log on the back of this Medication Permission Form.**

