Permission to Give Medication at Scribbles Preschool

(Please use one form per medication.)

The following information is to be completed by the child's health care provider:

Child's name: _____ Class: _____ Birthdate: _____ Weight: _____

Medication: _____ Allergies: _____

Dosage: _____

Time of day medication is to be given: _____

Purpose of medication: _____

Special instructions: _____

Possible side effects: _____

Start date: _____ End Date: _____

_____

Signature of health care provider Phone number Date

The following is to be completed by the parent or guardian:

I hereby give permission for my child, _____, to receive the above medication, according to the listed directions and cautions, from the Child Care Director, or the Child Care Director designee. I confirm that I have given at least one dose of the medication without any evidence of side effects or adverse reactions. I understand that it is my responsibility to provide the medication in its original container and labeled with my child's full name. I am also to supply the appropriate measuring device needed to give an accurate dose of the medicine. **I authorize the Director or the Director Designee to contact the pharmacist or health care provider for more information about this drug, if necessary. I also authorize the Director or the Director's Designee to contact the health care provider regarding my child's health, if necessary.**

I usually do the following to make giving medication to my child easier: _____

_____

_____

Amount of medication brought to Scribbles Preschool: _____

Date: _____ _____

Signature of Parent or Guardian

Date medication is returned to Parent: _____

_____ _____

Signature of Director/Director Designee Signature of Parent/Guardian