

# Medication Permission Form

Please see Administrator with any questions.

All medications need a completed Medication Permission Form in order to be administered. Please complete all fields. Siblings cannot share medication. For EpiPen or allergies, please complete an Allergy Action Plan. 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.

Medication must be handed directly to the Administrator - do not leave medication in child's bag (*exception for school age children: parents can choose for children to self-carry nebulizer or inhaler; this will be noted below*).

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.

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 #:
For allergies, please also complete an Allergy Action Plan.			
Medication name:		Start date for medication:	
Strength of medication:		End date for medication:	
Age appropriate/Provider specified dosage:		Expiration date of 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:	<small>(check one)</small> <input type="checkbox"/> pill <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* <small>* Please see Administrator.</small>		
<small>For School Age (kindergarten – age 12) children only</small> Child is permitted to self-carry nebulizer or inhaler:		<input type="checkbox"/> Yes <input type="checkbox"/> No	
# 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.**

# Daily Medication Log

**Staff member completes. No medication can be given without a completed Medication Permission Form attached to this Log.**

**\*Record Comment:** If the child is absent, log the date and box with an "A," If the medication was not given, log the date and mark box "NG." Document reason medication was not given- i.e., child did not bring in medicine, was not present for dosage, etc.

[illegible]