



Permission to Administer Medication Form

Childs Name: _____ Date: _____

This medication is required: Short Term Ongoing Emergency Circumstance

In the event that this medication is required for an Ongoing and/or Emergency Circumstance, a written & signed notification will be required when the child no longer requires the medication named below. (Notification is to be kept in the child's file for three years.)

Parent is to complete one medication treatment per form.

Name of Medication: _____		Dosage: _____	
Reason for Medication: _____			
Type of Medication:	<input type="checkbox"/> Liquid	<input type="checkbox"/> Inhalant	<input type="checkbox"/> Pill <input type="checkbox"/> Other
Describe Other: _____			
Storage Instructions			
<input type="checkbox"/> Refrigerated (Locked)	<input type="checkbox"/> Medication Box (Locked)	<input type="checkbox"/> Fanny Pack	<input type="checkbox"/> Unlocked Location
Times to be administered: _____		<input type="checkbox"/> As required	
Administration Instructions: _____			
Physicians Name: _____		Phone No.: _____	

I, _____, hereby give my permission to the staff of Discovery Preschool to administer, to my child (named above), the following medication according to the Doctor's orders and instructions.

I release Discovery Preschool Employees and or all trained adults from any liability, however caused, arising out of administering, or failure to administer the medication provided herein.

Parent / Guardian Signature: _____ Date: _____

Start Date: _____ End Date: _____ N/A

Extended Administration Notice: Yes No Parent/Teacher initial _____

Comments: _____

Bottle/Container returned to parent: Yes No

If a child requires emergency circumstance medication, a parent will be notified as soon as possible.

Medication Administration Record

Date	Time	Amount	Initial	Comments	Date	Time	Amt	Initial	Comments

