

# MEDICATION PERMISSION FORM

Child's Name: \_\_\_\_\_

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

All medication **MUST** be supplied to us in the original container.

\_\_\_\_\_ Prescription      \_\_\_\_\_ Non-Prescription \*      \_\_\_\_\_ Doctor's Approval Required

Condition for administering medicine: \_\_\_\_\_

Amount to be administered: \_\_\_\_\_

Times to be administered: \_\_\_\_\_

Refrigeration Necessary:    \_\_\_\_\_ Yes      \_\_\_\_\_ No

Possible adverse reactions: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Staff member authorized to administer medication: \_\_\_\_\_

Date(s) & Time (s) Admin.	Adverse reaction Observed	Staff Member's Initials

\* Sunscreens, lotions and lip balm are considered non-prescription medications. It should be listed on this form and sent in with your child if you would like us to apply.