



Permission to Administer Medications

(Please use one form per medication)

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

Child's Name _____ Birthdate _____ Weight _____

Medication _____

Any food and/or medication allergies _____

Dosage _____ Route _____

Time(s) 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 Little Ambassadors Preschool Director, or the Director designee. I confirm that I have given at least one dose of 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 the accurate dose of the medicine. I authorize the Little Ambassadors Preschool Director or Director designee to contact the pharmacist or health care provider for more information about this drug, if necessary. I also authorize the Little Ambassadors Preschool 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 Little Ambassadors Preschool _____

Signature of Parent or Guardian _____ Date _____

Date and amount of medication returned to parent _____

Signature of Director/Director Designee

Signature of Parent/Guardian