



grow with us

Medication Permission and Administration Form

Please fill out the entire sheet and place in pocket on nurse's bulletin board and alert the nurse or your child's teacher of medication order. I hereby authorize the staff of Eastside Early Learning Center, to administer the following medication to my child:

Child's Name: _____

Date: _____

Medication: _____

Dosage: _____

Time to be Given: _____

Reason: _____

Length of Time: _____

Standing Order: yes no

Prescribing Physician: _____

Phone Number: _____

Special Instructions:

Parent Signature: _____

Date: _____

Please place medication in locked cabinet next to the kitchen refrigerator (the key is hanging in an envelope on the side of the fridge). Refrigerated medications may be placed on the top shelf in the kitchen refrigerator. **Do not leave any medications in reach of the children.** This includes your child's bag or cubby.

All medications must be in their original container. Prescriptions must be in their original container with the original pharmacy label in place. Standing orders must be updated every 6 months, or when your child's dosage changes.

*Administration chart is on the reverse side of this form

