EARLY CHILDHOOD PROGRAM
Form 11 - MEDICATION PERMISSION FORM

As stated in the Parent Handbook, we must have a signed physician's order before we administer medication. This includes non-prescription meds like acetaminophen, ointments, benedryl, etc. and emergency prescription meds such as Epipens and Inhalers. The first dose of any medication must be administered by the parent or guardian, except in emergency situations when you have provided us with the medication, instructions for and permission to administer, and we have a signed Individual Health Care Form. If you anticipate requesting WCCC’s teachers to administer medication, you must correctly complete this form as noted in the EXAMPLE below and have it signed by your child’s pediatrician. The completed form will be kept in your child's file and as the need arises, you must sign a permission to dispense medicine form. This form must be filled out annually, so that dosages match children's weight and age.

Name of child____________________________________

**Physician Signature and phone ______________________ Date ______

I, ________________________, (parent/guardian) give permission to authorized staff member(s) to administer medication to my child as indicated below.

**Parent/Guardian Signature ______________________ Date ______

EXAMPLE

Medication: **Acetaminophen**
Dosage in milligrams: **determined by weight and age – e.g. 180 mg.**
Date(s) medication to be given: **Beginning September 2016 until August 2017**
Times medication to be given: **Every four hours until parents arrive**
Reasons for medication: **As needed for fever**
Possible side effects: **Drowsiness, lowering of fever**
Directions for storage: **Room temperature**

Medication: ______________________
Dosage in milligrams: ______________________
Date(s) medication to be given: ______________________
Times medication to be given: ______________________
Reasons for medication: ______________________
Possible side effects: ______________________
Directions for storage: ______________________