



## Medication Permission Form

To be completed by parent:

Medication must have original prescription label with child's first & last name and current date. Medications are current within the month for antibiotics; within the expiration date for medications which are so labeled; within the year otherwise. Pharmacy label indicates physician's consent.

I authorize **Cross View Early Childhood Center** staff to administer medication to my child,

\_\_\_\_\_, Birth date: \_\_\_\_\_  
(First and last)

The medication is: \_\_\_\_\_

Prescribed for: \_\_\_\_\_

Possible side effects: \_\_\_\_\_

The dosage is: \_\_\_\_\_ Time to be given at Center: \_\_\_\_am \_\_\_\_pm

Start date: \_\_\_\_\_ End Date: \_\_\_\_\_

Route of administration: Oral Rectal Topical Inhaled Eye/Nose/Ear Other

**Parents Signature required:** \_\_\_\_\_

**Physician Signature** (for over-the-counter medication): \_\_\_\_\_

### *For Staff to complete*

	Monday	Tuesday	Wednesday	Thursday	Friday
Dose	:	:	:	:	:
Date	:	:	:	:	:
Time	:	:	:	:	:
Initials	:	:	:	:	:
Comments	:	:	:	:	:

	Monday	Tuesday	Wednesday	Thursday	Friday
Dose	:	:	:	:	:
Date	:	:	:	:	:
Time	:	:	:	:	:
Initials	:	:	:	:	:
Comments	:	:	:	:	:

Teacher's name (signature/initials)	Teacher's name (signature/initials)

Unused medication: Returned to parents?    Yes    No    OR, discarded appropriately  
By: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**\*Place this form in the child's file when medication is finished.**