



MEDICATION ADMINISTRATION AND CONSENT FORM

****All medication must not be expired and come in its original, labelled container. Prescription medication must have the prescription label attached****

*****DOUBLE SIDED*****

Student's Name _____
First Name Last Name

Medication to be given _____

Amount to be given (dosage) _____

I, _____, give permission for the medication listed above, in the dosage amount also listed above, to be administered to my child, _____, from _____ (month/year) until it is no longer required or my child (named above) has withdrawn from the program.

Type of allergy or health concern, if applicable _____

Signs and symptoms indicating that the medication is required to be administered _____

Any other special instructions (e.g. to be taken with food...) _____

MEDICATION STORAGE: If the emergency medication can stay on-site with the program during operational months (PREFERRED), it will be stored in our staff backpack, out of reach of all children but easily accessible to all staff. If you will not be providing us with the medication to leave at the program, then your child must have the medication in his/her backpack EVERY time he/she attends the program. His/her backpack will be out of reach of all children but easily accessible to all staff. Non-emergency medication is always kept locked up and out of reach of all children.

CONSENT:

I, _____ hereby give consent to the teachers and staff of A Child First Preschool Inc. to administer the above listed medication to my child, _____, as per the instructions above. I also consent to the medication storage details listed above.

Parent/Guardian's Signature

Receiving Staff's Signature

Date

Date

