

CONSENT FOR MEDICATION IN PRESCHOOL

Child's Name: _____ Grade/Teacher _____

Circle Medicine if ok to administer/apply :acetaminophen ibuprofen

 sunscreen bugspray

Diagnosis for which medication is to be given: _____

Dosage:_____ Time to be given: _____ a.m. _____ p.m.

If medicine is to be given "WHEN NEEDED", describe indications _____

Dates to be given: From _____ to _____

Should this medication: _____remain at school until finished
 _____be sent home daily

This prescription medication is furnished by parent/guardian in the original container which shall be labeled with:

- a. Name of pupil
- b. Name of medicine
- c. Directions for use
- d. Name of physician
- e. Name and address of pharmacy
- f. Date of prescription

Over-the-counter medicine shall be maintained in the original container.

I request the above student be given the medication at school and school activities by qualified staff, according to the prescription or nonprescription instructions and a record maintained. The student has experienced no previous adverse side effects from the medication. I further agree that school personnel may contact the prescriber as needed and that medication information may be shared with school personnel who need to know.

Parent/Guardian Signature

Date