

PEACE OF MIND PLAYSCHOOL MEDICATION ADMINISTRATION FORM:

It is our policy to only administer medication to children if absolutely necessary. Should medication be necessary, written parental permission is required. The medication must be in its original container and clearly labeled by the pharmacy, with dosage, contents, schedule and date.

Written Permission from Parents or Guardian and Instructions from Licensed Health Provider

Name of Child: \_\_\_\_\_ Age \_\_\_\_\_ Weight \_\_\_\_\_

Name of Health Care Provider: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Pharmacy: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Medication: \_\_\_\_\_

Dose/Route of Medication: \_\_\_\_\_

Purpose: \_\_\_\_\_

Time to be administered: \_\_\_\_\_

Possible Side Effects: \_\_\_\_\_

Storage Instructions: \_\_\_\_\_

I hereby give my permission for Peace of Mind Playschool to administer the above medication to my child as instructed above.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Child Care Provider: \_\_\_\_\_ Date: \_\_\_\_\_

Licensed Health Provider: \_\_\_\_\_ Date: \_\_\_\_\_