PERMISSION FOR SCHOOL ADMINISTRATION OF PRESCRIPTION MEDICATIONS

Allison Creek PRESCHOOL

When possible, medications should be given to students before or after school by the parent/guardian to observe for adverse side effects. Medications to be administered at school should come with this form completed and should be provided and transported to and from school by the parent/guardian in the original container. Please note that the school retains the discretion to reject requests for certain medications to be given at school. Please complete a separate form for each medication to be given at school. If the medication is to be given to more than one of your children, please complete a separate form for each child.

Student's Name_____Date of Birth_____Class_____

TO BE COMPLETED BY HEALTH CARE PROVIDER

Name of medication:	Allergies:
Specific reason for medication:	Check One: ☐ # of days to administer medication _____ ☐ Until the end of the school year
Amount/Dose of medication to be given:	Time of day medication to be given at school:

HEALTH CARE PROVIDER'S INFORMATION

Name (Please Print):	Office Phone Number:
Address:	Office Fax Number:
Health Care Provider's Signature (No Stamp):	Date:

TO BE SIGNED BY PARENT

I give permission for the medication noted above to be given to my child during the school day if needed. I give permission for the director or school designee to contact the health care provider named above to discuss this medication and my child's health. I give permission for the health care provider named above or his/ her designated employees to provide information about this medication and my child's health to the school director or school designee. I will not hold the school or school personnel liable for any adverse drug reactions when the medication is administered according to the instructions on the label or package insert. I understand that I am responsible for notifying the school if any of my child's medications change and/or if my child's health status changes.

Parent Signature_____Parent Name (Please Print)_____Date _____