



The London Day School

PERMISSION TO GIVE MEDICATION IN CHILD CARE

(Please use one form per medication.)

Original labels with doctor's name and dosing instructions must be on all prescription medication. All medication also must be current and not past the expiration date.

Child's name: _____

Medication: _____

Dosage: _____ Time of Last Dose Given at Home _____

Route: _____

Time of day medication is to be given: _____

Purpose of medication: _____

Special instructions: _____

Possible side effects: _____

Start date: _____ End date _____

The following is to be completed by the parent or guardian:

I hereby give permission for my child, _____, to receive the above medication, according to the listed directions and cautions, from the Child Care Director, or the Child Care Director designee. I confirm that I have given at least one dose of the medication without any evidence of side effects or adverse reactions. I understand that it is my responsibility to provide the medication in its original container and labeled with my child's full name. I am also to supply the appropriate measuring device needed to give the accurate dose of the medicine.

I usually do the following to make giving medication to my child easier: _____

Amount of medication brought to Child Care: _____

Date: _____

Signature of Parent or Guardian

The following is to be completed by the parent or guardian and Director upon return of any unused medication:

Date & amount of medication returned to Parent: _____

Signature of Director/Director Designee

Signature of Parent/Guardian