



## The London Day School

### PERMISSION TO GIVE/APPLY/ADMINISTER OTC MEDICATION, PRESCRIPTION MEDICATION, TOPICALS & SPRAYS

*(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*

Date & amount of medication returned to Parent: \_\_\_\_\_

\_\_\_\_\_  
*Signature of Head of School/Designee*

\_\_\_\_\_  
*Signature of Parent/Guardian*