



Permission for Prescription Medication

FOR PLAYSCHOOL USE ONLY

___ routine ___ PRN

Start date: _____

When possible, medications should be given to children before or after Playschool hours by the parent or guardian. Prescription medicine will only be administered with a written statement from a doctor. Medications must be provided to the Playschool by parent or guardian in the original container. Please note, the Harvest Morning Playschool has the right to reject requests to administer certain medications at the facility.

Please complete a separate form for each medication to be given. If the medication is to be given to more than one of your children, please complete a separate form for each child.

Child's name: _____ Date of birth: _____

Is your child allergic to any medication, food, or other items? If yes, please list allergies:

Name of medication: _____

Reason for Medication: _____

Amount to be given: _____ Time to be given: _____

Notes/special instructions: _____

Child's Health Care Provider's name, address and phone number: _____

I give permission for the medication(s) listed above to be given to my child while in the care of Harvest Morning PlaySchool. I give permission for the Directors of Harvest Morning Playschool to contact the health care provider named above to discuss this medication as well as my child 's health. I understand the Harvest Morning PlaySchool requires that I agree to the facility rules about medication before this medicine will be administered to my child and that I am responsible for notifying them of any changes to my child's medications.

Parent/Legal Guardian Signature

Date

Parent/Legal Guardian Printed Name

Phone number

Date: _____ Time: _____ Amount: _____

Signature of person administering medication

Date: _____ Time: _____ Amount: _____

Signature of person administering medication

Date: _____ Time: _____ Amount: _____

Signature of person administering medication

Date: _____ Time: _____ Amount: _____

Signature of person administering medication

Date: _____ Time: _____ Amount: _____

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