



EARLY CHILDHOOD PROGRAM

Form 11 - MEDICATION PERMISSION FORM

As stated in the Parent Handbook, we must have a signed physician's order before we administer medication. This includes non-prescription meds like acetaminophen, ointments, Benadryl, etc. and emergency prescription meds such as Epipens and Inhalers. The first dose of any medication must be administered by the parent or guardian, except in emergency situations when you have provided us with the medication, instructions for and permission to administer, and we have a signed Individual Health Care Form. If you anticipate requesting WCCC's teachers to administer medication, you must correctly complete this form as noted in the **EXAMPLE** below and have it signed by your child's pediatrician. The completed form will be kept in your child's file and as the need arises, you must sign a permission to dispense medicine form. **This form must be filled out annually, so that dosages match children's weight and age.**

Name of child _____

****Physician Signature and phone** _____ **Date** _____

I, _____, (parent/guardian) give permission to authorized staff member(s) to administer medication to my child as indicated below.

**Parent/Guardian

EXAMPLE Medication: <u>Acetaminophen</u>
Dosage in milligrams: <u>determined by weight and age - e.g. 180 mg.</u>
Date(s) medication to be given: <u>Beginning September 2016 until August 2017</u>
Times medication to be given: <u>Every four hours until parents arrive</u>
Reasons for medication: <u>As needed for fever</u>
Possible side effects: <u>Drowsiness, lowering of fever</u>
Directions for storage: <u>Room temperature</u>

Signature _____
Date _____

Medication: _____
Dosage in milligrams: _____
Date(s) medication to be given: _____

Times medication to be given: _____

Reasons for medication: _____

Possible side effects: _____

Medication: _____
Dosage in milligrams: _____
Date(s) medication to be given: _____
Medication: _____
Dosage in milligrams: _____
Date(s) medication to be given: _____

Reasons for medication to be given: _____

Possible side effects: _____
Reasons for medication: _____

Possible side effects: _____

8/2/2024