

# Permission to Administer Medication

Treasures of the Heart Preschool and Child Care

Address - City - State - Phone Number

Permission to Administer Medication

\_\_\_\_\_ is allowed to administer medication to \_\_\_\_\_

DOB \_\_\_\_\_

Physician's name, address, and phone \_\_\_\_\_

Signature \_\_\_\_\_ Phone \_\_\_\_\_  
(Parent / Guardian)

Emergency # \_\_\_\_\_

Please fill out below and explain:

Diagnosis for which medication is given: \_\_\_\_\_

Name of Medicine \_\_\_\_\_

Medicine is to be given "when needed"

Describe indications: \_\_\_\_\_

Dosage: \_\_\_\_\_

Other information: \_\_\_\_\_

\_\_\_\_\_

*Please note all medicine is to be in original container with child's name on it.*

You have the 2 options when using this permission to administer medication form:

1. Print up form, give form to parent and have them fill out and return.
2. Send pdf form to parents, have them type directly onto form, print and sign in the signature section. (You will need to save this file to your computer in order to send to parents via e-mail).

To type directly onto form, type in blue boxes. When printing up form, blue boxes will not show up.

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