



Date: _____

Parent Consent for Administration of Medication and Medication Chart

Name of Student: _____ Date of Birth: _____

Address: _____ Phone: _____

Name of Center: Pasadena Christian Preschool License #: 1920004344

PARENT'S INSTRUCTIONS:

1. All prescription and nonprescription medications shall be maintained with the child's name and shall be dated.
2. Prescription and nonprescription medications must be stored in the original bottle with unaltered label. Medications requiring refrigeration must be properly stored.
3. Prescription and nonprescription medication shall be administered in accordance with the label directions.
4. Written consent must be provided from the parent, permitting child care facility personnel to administer medications to the child. Instructions shall not conflict with the prescription label or product label directions.

Name of Medication	Form of Medication	Purpose / Medical Condition	Instructions (Dosage/Time)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I authorize child care personnel to assist in the administration of medications described above to the child from _____ (beginning date) to _____ (ending date).

SIGNATURE OF PARENT OR GUARDIAN (MANDATORY): _____

TO THE PHYSICIAN: Please complete and sign this form

1. If medication prescribed for a child must be given during school hours to prevent serious physical or behavioral problems: or
2. If over-the-counter medicines, lotions, creams, etc. are requested by the parents to administer to their child during school hours. It is a request and guide to authorized school personnel to assist the pupil with medication. Please check all that apply.

SIGNATURE OF PHYSICIAN: _____ DATE: _____

PHYSICIAN'S STAMP (OR PRINTED NAME, ADDRESS, & PHONE NUMBER):

Medication Chart		
Staff Documentation of Medicine Administration		
DATE:	TIME GIVEN	STAFF SIGNATURE
DATE:	TIME GIVEN	STAFF SIGNATURE
DATE:	TIME GIVEN	STAFF SIGNATURE
DATE:	TIME GIVEN	STAFF SIGNATURE
DATE:	TIME GIVEN	STAFF SIGNATURE

Upon Completion, return medicine and a copy of this form to parent, and place form in child's record.

STAFF: _____ DATE: _____