



Child Care at its Best through Primary Caregiving

Permission to Administer Medication in School

(for Parents/Guardians and Health Care Providers)

updated 7/7/08

Child's Name: _____ Birthdate: _____

- *The Acorn School agrees to administer medication prescribed by a licensed health care provider.
- *It is the parent/guardian's responsibility to furnish the medication in the original packaging.
- *The parent agrees to pick up expired or unused medication within one week of notification by Acorn staff.

Prescription medications must come in a container labeled with: child's name, name of medicine, time medicine is to be given, dosage, date medicine is to be stopped, licensed health care provider's name, and name and phone number of pharmacy.

Over-the-counter medication must be labeled with the child's name and be accompanied by note from a licensed health care provider which includes the length of time in which the medicine may be administered (see below). Dosage must match the signed health care provider's authorization, and must be in the original container.

By signing this document, I give permission for my child's health care provider to share information about the administration of this medication with the nurse of school staff delegated to administer medication.

Parent/Legal Guardian's Name	Parent/Legal Guardian Signature	Date
------------------------------	---------------------------------	------

Daytime Phone 1

Daytime Phone 2

BELOW THIS LINE -- TO BE FILLED OUT BY LICENSED HEALTH CARE PROVIDER ONLY

Medication: _____

Dosage: _____ Route: _____

To be given at the following time(s): _____

Special instructions: _____

Purpose of medication: _____ Possible side effects: _____

Start Date: _____ End Date: _____

Name of Health Care Provider with Prescriptive Authority

License Number

Signature of Health Care Provider

Date

Phone Number

***Please ask the pharmacist for a separate medicine bottle to keep at school. Thank you!**