

## NON-PRESCRIPTION MEDICATION PERMISSION FORM

As stated in the parent handbook, we must have a signed physician's directive before we will administer over the counter/non-prescription medication. This includes items like acetaminophen, ointments, cough syrup, etc. If you anticipate requesting the center to administer any non-prescription medication, please have your physician fill out this form to facilitate the process. The completed form will be kept in your child's file and as the need arises, you can 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 Signature \_\_\_\_\_ Date \_\_\_\_\_

Medication: _____
Dosage in milligrams: _____
Date(s) medication to be given: _____
Times medication to be given: _____
Reasons for medication: _____
Possible side effects: _____
Directions for storage: _____

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