



## MEDICATION ADMINISTRATION AND CONSENT FORM

**\*\*All medication must not be expired and come in its original, labelled container. Prescription medication must have the prescription label attached\*\***

**\*\*\*DOUBLE SIDED\*\*\***

Student's Name \_\_\_\_\_  
First Name Last Name

Medication to be given \_\_\_\_\_

Amount to be given (dosage) \_\_\_\_\_

**I, \_\_\_\_\_, give permission for the medication listed above, in the dosage amount also listed above, to be administered to my child, \_\_\_\_\_, from \_\_\_\_\_ (month/year) to \_\_\_\_\_ (month/year).**

Type of allergy or health concern, if applicable \_\_\_\_\_

Signs and symptoms indicating that the medication is required to be administered \_\_\_\_\_

Any other special instructions (e.g. to be taken with food...) \_\_\_\_\_

**MEDICATION STORAGE:** If the emergency medication can stay on-site with the program during operational months (PREFERRED), it will be stored in our staff backpack at the back, out of reach of all children but easily accessible to all staff. If you will not be providing us with the medication to leave at the program, then your child must have the medication in his/her backpack EVERY time he/she attends the program. His/her backpack will be hung at the back, out of reach of all children but easily accessible to all staff. Non-emergency medication is always kept locked up and out of reach of all children.

### CONSENT:

**I, \_\_\_\_\_ hereby give consent to the teachers and staff of A Child First Preschool Inc. to administer the above listed medication to my child, \_\_\_\_\_, as per the instructions above. I also consent to the medication storage details listed above.**

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Receiving Staff's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

