

# OOSC 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 \_\_\_\_\_ (mth/yr) to \_\_\_\_\_ (mth/yr).

Type of allergy, if applicable \_\_\_\_\_

Is an EpiPen required? Yes \_\_\_\_\_ No \_\_\_\_\_

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 for the entire school year (PREFERRED), it will be stored in our staff backpack which is easily accessible to the child/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 and his/her backpack will be kept in a separate area, easily accessible to the child/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

