## PRESCHOOL MEDICATION ADMINSTRATION 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
I,, give p	ermission for the medication listed above, in the dosage
amount also listed above, to be administer	ed 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 medi	cation is required to be administered
Any other special instructions (e.g. to be take	en with food)
school year (PREFERRED), it will be stored easily accessible to all staff. If you will not be your child must have the medication in his/ho	ency medication can stay on-site with the program for the entire in our staff backpack at the back, out of reach of all children but be providing us with the medication to leave at the program, then her backpack EVERY time he/she attends the program. His/her ch of all children but easily accessible to all staff. Non-up and out of reach of all children.
CONSENT:	
I,he Preschool Inc. to administer the above list as per the instructions above. I also conse	ereby give consent to the teachers and staff of A Child First ed medication to my child,, nt to the medication storage details listed above.
Parent/Guardian's Signature	Receiving Staff's Signature
Date	Date

Student's Name			
_	First Name	Last Name	

## \*IF MORE THAN ONE MEDICATION IS ADMINISTERED, BE SURE TO RECORD EACH ONE ON A SEPARATE LINE\*

DATE	**OFFICIAL "MEDICAL" NAME OF MEDIATION ADMINISTERED**	DOSAGE	TIME	STAFF SIGNATURE	PARENT SIGNATURE
March 22, 2018	For example: Salbutamol	1 Puff	1:38рт	*Sample	*Sample*