

ADMINISTRATION OF MEDICINE: Our medication policy dictates that any medication brought in to school by a parent needs to have the child's name clearly marked on the original medication bottle or container. All medication must be brought to the office to be stored in the locked medication cupboard or medication refrigerator. Staff administers both over the counter and prescription medicine to a child only if a parent or legal guardian has given written consent. Instructions shall not conflict with the prescription label or product label directions.

Child's Name _____ Room # _____

Medication Name _____ Dosage _____

Medication To Be Administered From ____/____/____ until ____/____/____,
at the following time(s) _____ daily while in attendance.

As the parent or guardian of the above child, I give permission for the staff at Turtle Rock Preschool to assist in the administration of medications described above to the child named above for the following medical condition(s):

Parent Signature _____ Date ____/____/____

STAFF RECORD OF ADMINISTRATION

DATE	TIME GIVEN	SIGNATURE

DATE	TIME GIVEN	SIGNATURE

Upon completion, return medicine to parent or destroy, and place form in child's record.
Staff Signature _____ Date ____/____/____