



## Over the Counter Medication Release Form

The following guidelines pertain to administering over the counter medications.

This form must be reviewed and filled out correctly in its entirety, failure to do so will result in the inability to administer medication per Little Footprints Preschool Medication policy.

- 1) Written parent/guardian permission is required to administer this medication.
- 2) All medications must be provided in their original packaging and labeled with the child's full name.
- 3) All medications must be provided by parents with the exception of Neosporin and hydrocortisone which the school provides.
- 4) All medication is to be kept in a medication box, inaccessible to any child.
- 5) All medication no longer being used will be returned to parent/guardian to pick up or discarded.
- 6) All medication labels must include instructions for administration and expiration date. Teachers/staff will administer the medication as directed on the medication label.
- 7) A prescription is required from a Physician ONLY if the medication needs to be administered more than 5 consecutive days.
- 8) Please initial: I **give** permission \_\_\_\_\_ / I **do not give** permission \_\_\_\_\_ to teachers/staff to administer sunblock, diaper cream, lotion, hydrocortisone, and Neosporin on an as needed basis and as directed on the original packaging.

\*\*\*Parents/ Guardian must complete the section below in the case that the packaging is missing\*\*\*

Child's Name: _____	Name of Parents/Guardian _____
Child's DOB: _____	Today's Date: _____
Reason for Medication: _____	
Name of Medication: _____	
Method of Medication Administration:	
Check Box: <input type="checkbox"/> Oral <input type="checkbox"/> Drops <input type="checkbox"/> Inhale <input type="checkbox"/> Injection	
Dosage or Amount of Medication (for example 1 tsp.): _____	
Specific Time Medication is to be administered (for example 9:00 am): _____	
_____	
Specific Dates Medication is to be administered (for example 1/1/10-1/7/10): _____	
_____	
Possible side effects of Medication: _____	
Specific instructions:	

I give the staff of Little Footprints Preschool permission to administer the medication. I agree not to hold Little Footprints or all their employees responsible for any health issues that may occur due to the medication.

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**Staff/ Teachers**

I fully understand and will follow the administering instruction written above.

Signature of LFP staff: \_\_\_\_\_ Date: \_\_\_\_\_