



Prescribed Medication Release Form

The following guidelines pertain to administering over the counter medications.

This form must be 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) A physician's prescription **must be** attached to this form
- 3) All medication must be labeled with the child's full name in the original packaging. All medications labels must include instructions for administration and show expiration date.
- 4) All medications must be provided by parents. Parents must verbally instruct teachers/staff on how the medication is to be administered when the medication is given to teachers/ staff.
- 5) All medication are to be kept in a medication box, inaccessible to any child.
- 6) All medication no longer being used will be returned to parent/guardian to pick up or discarded.
- 7) All prescribed medications must be administered as directed by the physician's prescription.

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 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: _____