Permission for Medication
Teaching Tree Early Childhood Learning Center

Name of Child: ___________________________________________ Age: ________

Classroom: ____________________________

Teacher (s): __________________________________________

Primary Health Care Provider: __________________________________________

Medication: ____________________________ Dosage: ________ Route: ________

Purpose of medication: __________________________________________

Time of day Medicine is to be given: __________________________________________

Possible Side Effects: __________________________________________

Anticipated number of days medication needs to be given while child is in care: ________

Start date for medication to be given: _____ End date for medication to be given: _____

Date: ____________________________

Signature of Person with Prescriptive Authority

____________________________

Parent/Guardian:

I hereby give my permission for ____________________________ to take the above prescription or over-the-counter medication at Teaching Tree Early Childhood Learning Center as ordered.

I understand that it is my responsibility to furnish this medication.

Date: ____________________________

Signature of Parent/Guardian

*Note: All medication is to be brought to TTELC in the original pharmacy container appropriately labeled by the pharmacy or person with prescriptive authority along with the medication authorization order.