



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 brought to TTELC in the original pharmacy container appropriately
labeled by the pharmacy or person with prescriptive authority along with the medication
authorization order. Teaching Tree is not authorized to administer "as needed" medications.