



Special Medication Requirements Consent Form

Information for parents: Teachers are not permitted to administer any medication without your permission. In the event of an emergency, please complete this form in order to grant consent to teachers to act on your behalf and administer medication to your child.

Child's Name:		
Medical Condition:		
Name of medication/herbal remedy:		
Type of dosage (injection/oral medication, etc.):		
Amount to be given:		
Dates to be given:	Start:	Finish:
Exact time to be given:		
Special instructions (Example: To be taken with food):		
Follow up emergency procedures (Example: Need for ambulance, etc.):		

As parent/guardian to _____, I, _____
(name of child) (name of parent/guardian)

hereby give permission to the staff of Buzzing Bee Academy to administer medication to my child/ward as outlined in my directions above. I have provided the staff with all necessary medications, to be stored permanently at the preschool.

Parent/Guardian's signature

Date