



Permission to Administer Medication (Acute Conditions)

If your child will need medication (prescription or OTC) administered while at the Center, you and your child's healthcare provider must complete and submit the following form. ****All medications must be in their original packaging. Prescriptions must be properly labeled by a registered pharmacist as prescribed by law. The family must provide the medication, as listed below, to be kept at the Center for the duration noted by the provider. Before sending any medication to school, it should be administered at least once at home to test for an allergic reaction.**

Child's Name: _____ **Child's DOB:** _____

TO BE COMPLETED BY CHILD'S HEALTHCARE PROVIDER:

Medication Name:		
Dosage:	Frequency:	Route:
For as needed medication, how will we know when to administer the medication?		
How frequently can doses be given?		How many doses may be given in 24hrs?
Special Instructions:		Side Effects:
Diagnosis/Reason Prescribed:		
Administer this medication starting on:		and ending on: <small>**For OTC medication, may not be longer than 3 days unless new form is completed</small>
Other/Comments:		
Provider Name:		Provider Phone:
Provider Signature:		Signature Date:

TO BE COMPLETED BY CHILD'S PARENT/GUARDIAN:

Parent/Guardian Name(s):	Phone:	
<p>Does your child have a known allergy/reaction to the medication listed on this form? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Has the medication on this form ever been administered to your child? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>Comment:</i></p> <p>I acknowledge that I am required to document in the Tadpoles app any doses of medication my child receives before their arrival at the Program each morning.</p> <p>I authorize Village Early Childhood Center, including it's Administrators, Staff, Volunteers, or other agents to administer the above medications to my child as directed. I release and discharge Village Early Childhood Center, it's Administrators, Staff, Volunteers, or other agents from all claims and liability for any loss or injury that may occur in the future as a result of care provided under this authorization and release.</p> <p>I hereby give consent for the provider listed above to communicate with Village Early Childhood Center to discuss any of the information on this form.</p>		
_____	_____	_____
<i>(Parent/Guardian Name)</i>	<i>(Parent/Guardian Signature)</i>	<i>(Date)</i>

This consent expires one year after the date it was signed, unless otherwise noted.