Inspirations Preschool Center

PERMISSION TO ADMINISTER MEDICATION AT THE IPC

(ONE FORM PER MEDICATION)

The parent/guardian of _____ ask that IPC staff give the
(child's name)

following medication._____at_____
(Name of medicine and dosage) (time(s))

to my child, according to the Health Care Provider's signed instructions on the lower part of this form.

The IPC agrees to administer medication prescribed by a licensed health care provider. It is the parent/guardian's responsibility to furnish the medication. The parent agrees to pick up expired or unused medication within one week of notification by staff.

Prescription medications must come in a container labeled with: child's name, name of medicine, dosage, and licensed health care provider's name. Pharmacy name and phone number must also be included on the label.
Over the counter medications will not be administered to children by IPC staff.

By signing this document, I give permission for my child's health care provider to share information about the administration of this medication with the IPC staff delegated to administer medication.

_____ _____ _____
Parent/Legal Guardian's Name Parent/Legal Guardian's Name Date

_____ _____ _____
Work Phone Home Phone Cell Phone

Health Care Provider Authorization to Administer Medication at IPC

Child's Name_____ Birth Date:_____

Medication_____

Dosage:_____

To be given at the following time(s)_____

Special instructions:_____

Purpose of medication:_____

Side effects that need to be reported:_____

Starting Date:_____ Ending Date:_____

_____ _____
Signature of Health Care Provider with Prescriptive Authority License Number

_____ _____
Phone Number Date