

## PRESCHOOL MEDICATION PERMISSIONS & RECORDS

Please fill out the following information and bring it with you to Preschool Orientation Night.

## MEDICATION PERMISSION AND RECORD

I, \_\_\_\_\_ have determined that \_\_\_\_\_ is competent to give or apply medication to my child. I understand that the Child Care Center and Preschool Directors have the responsibility to assess the ability of staff to give or apply medication safely and may give or apply medication to my child.

Medication Name: \_\_\_\_\_ Dosage to be given: \_\_\_\_\_

Route to be given: Oral, Topical, Inhalant or Instillation Other: \_\_\_\_\_ Dates to be given: \_\_\_\_\_  
Times to be given: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Date: \_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_

[illegible]