

The Children's Corner at Pleasantdale

471 Pleasant Valley Way

West Orange, NJ 07052-2801

Telephone 973-736-2100

FAX 973-731-2699

Permission to Give Medication in PreSchool

(Please use one form per medication.)

The following information is to be completed by the child's health care provider:

Child's Name: _____ Birth Date: _____ Wt: _____

Medication: _____ Allergies: _____
Include food and/or medication allergies

Dosage: _____ Route: _____

Time of day medication is to be given: _____

Purpose of medication: _____

Special Instructions: _____

Possible side effects: _____

Start Date: ____/____/____ End Date: ____/____/____

Signature of Health Care Provider Telephone Number Date

The following information is to be completed by parent or guardian:

I hereby give permission for my child, _____, to receive the above medication, according to the listed directions and cautions, from the School Director, or the School Director Designee. I confirm that I have given at least one dose of the medication without any evidence of side effects or adverse reactions. I understand that it is my responsibility to provide the medication in its original container and labeled with my child's full name. I am also to supply the appropriate measuring device needed to give the accurate dose of the medicine.

I authorize the Director or Director Designee to contact the pharmacist or health care provider for more information about this drug, if necessary. I also authorize the Director or Director's Designee to contact the health care provider regarding my child's health, if necessary.

I usually do the following to make giving medication to my child easier: _____

Amount of medication brought to the PreSchool: _____

Signature of Parent/Guardian Date: ____/____/____

Date & amount of medication returned to Parent/Guardian: _____

Signature of Director/Director Designee Signature of Parent/Guardian