

# 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