Christ's Kids Preschool Medication Consent Form

Prescription _____Non-Prescription _____

Child's Name: _____

Date of Birth: _____

I, give permission to Christ's Kids Preschool to administer _____
Dose/amount

of _____ to my child_____ at approximately
name of medication child's first and last name

_____ on _____ for _____.
time(s) dates reason/diagnosis for medication

_____
Signature of Parent/Guardian Date

For staff to complete:

___Is the permission form (above) completed?

___Is the medication in its original container with the original prescription label on the container?

___Is the child's name on the container?

Each time medicine is administered fill out form below:

Date Given	Amount Given	Time Given	Signature of Teacher dispensing medication	Date