



Medication Permission Form Information

If your child will need prescription medications (Epi-Pens, Asthma Inhaler, etc.) or non-prescription medications (Benadryl, Ointments, Diaper creams and Sunscreen) while at Nurtury, you will need to complete a form for each medication.

Prescription medications must be in the original packaging with the prescription attached. Dosage information on the prescription and form must match.

Non-prescription medications must be in original container and be clearly labeled with a sharpie or tape, with the child's full name.

Be sure to check expiration dates on medications before dropping off at Nurtury.

Drop off forms and medications in the Nurtury Office. All medications are kept in the Emergency Backpacks in the classrooms.

PARENT CONSENT FOR ADMINISTRATION OF MEDICATIONS AND MEDICATION CHART**NOTE:** Regulation Section 101221 requires the following information be on file.

CHILD CARE CENTER NAME: MVPC NURTURY PRESCHOOL	LICENSE NUMBER: #070207368	DATE:
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PARENT'S INSTRUCTIONS:

1. All prescription and nonprescription medications shall be maintained with the child's name and shall be dated.
2. Prescription and nonprescription medications must be stored in the original bottle with unaltered label. Medications requiring refrigeration must be properly stored.
3. Prescription and nonprescription medication shall be administered in accordance with the label directions.
4. Written consent must be provided from the parent, permitting child care facility personnel to administer medications to the child. Instructions shall not conflict with the prescription label or product label directions.

CHILD'S NAME	DATE OF BIRTH
MEDICATION NAME	DOSAGE

I authorize child care personnel to assist in the administration of medications described above to the child named above for the following medical condition/s:

From _____ to _____ at _____ daily while in attendance.
BEGINNING DATE ENDING DATE TIME OF DAY

PARENT'S SIGNATURE:	DATE:
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MEDICATION CHART
Staff Documentation of Medicine Administration

DATE	TIME GIVEN	STAFF SIGNATURE
DATE	TIME GIVEN	STAFF SIGNATURE
DATE	TIME GIVEN	STAFF SIGNATURE
DATE	TIME GIVEN	STAFF SIGNATURE
DATE	TIME GIVEN	STAFF SIGNATURE
DATE	TIME GIVEN	STAFF SIGNATURE

Upon completion, return medicine to parent or destroy, and place form in child's record.

STAFF	DATE
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