



Medication Permission Form

Child's Name _____ Date _____

Name and **Strength** of Medication _____

____ Prescription ____ Non-prescription **Doctor's written order is required for all medications**

Condition for administering medicine _____

Amount to be administered _____ Time to be administered _____

Start Date _____ End Date _____

Refrigeration necessary ____ yes ____ no

Possible adverse reactions _____

*I hereby authorize **Mountain Lakes Country Day School** to give my child, _____, the above medication in the amounts and times specified.*

*Prescription medication will be administered to a child only upon **written approval from the child's health care provider and the child's parent or guardian**. Any medication for a child shall be brought to MLCDS in its original container, clearly labeled with the child's name, name of medication, name of pharmacy, date prescribed, and directions for administering. All unused medication will be returned to the parent upon completion of the dosage.*

*Non-prescription, over-the-counter, medication will only be given according to the directions on the label. Only the following non-prescription medications will be given: antihistamines, decongestants, cough medicine, acetaminophens, ibuprofen, or topical ointments. Non-prescription medication will be administered to a child only upon **written approval from the child's health care provider and the child's parent or guardian**.*

Parent Signature _____ Staff Signature _____