



MEDICATION FORM

Child's Name: _____

Medication and RX Number: _____

Physician _____

Amount to be given/ Instructions: _____

Date Issued: _____ Expiry Date: _____ Authorized period: _____

Special Instructions (ex: to be taken with food): _____

I hereby give written consent to the Brooks Preschool primary staff certified in first aid to administer the following medication(s) prescribed on the form to my child.

Signature of parent / guardian _____ Date: _____

* Parents, please supply information daily regarding what time medications were administered prior to arrival at the Preschool.

To be completed at the time medication is administered

Date	* Medication time prior to arrival	Medication	Dosage	Time	Parent or Staff Signature

- Prescribed medications must be in the original container, labelled with the child's name, name of the physician, date of issue, and instructions for administration.
- Patent medication must be in the original container with an intact label and the child's name.
- Expired medication will not be administered.
- Staff will observe children carefully for allergic reactions after they have received medication.
- Staff will return medications to families when the authorized period has ended.