

Permission to Administer Medication at Adventures in Learning

I _____ the legal guardian of _____ ask the Adventures in Learning staff to give the following medication:

Name of medicine _____

Dose _____

Frequency _____ At what times _____

To my child, according to their health care providers instructions.

Adventures in Learning agree to administer medication prescribed by a licensed health care provider.

Legal guardians must pick up expired or unused medication within one week of notification by staff.

Prescription medications must

- Come in the original container
- Have the child's name on the container
- Have the name of the medication on the container
- The time the medicine is to be given
- The dose to be given
- The date the medicine is to be stopped
- Have the licensed health care providers name on the container
- The name and phone number of the pharmacy dispensing the medicine

Over the counter medication must

- Be labeled with the child's name
- The dosage must match the signed health care provider authorization
- Be in its original package.

By signing this document I give permission for my child's health care provider to share information about the administration of this medicine with Adventures in Learning staff delegated to administer medication.

Legal guardian name (please print) _____

Legal guardian signature _____

Date _____

Cell phone _____

Health Care Provider Authorization