



CHRIST CHURCH PRESCHOOL & KINDERGARTEN

Non-Prescription Medication Administration Permission

Child's Name: _____

Date of Birth: _____ Age Group: _____

Classroom: _____

Non-Prescription Medication Guidelines

- No over-the-counter medication will be given to students without written permission from parent/ legal guardian.
- Over-the counter (nonprescription) medications shall be provided in the manufacturer's original packaging and must have the manufacturer's label identifying the medication, its ingredients, dosing recommendations, possible drug interactions and/or warnings in addition to the student's name printed on the container.
- Any instructions to administer an over-the-counter medication in a manner inconsistent with the manufacturer's recommended instructions must be ordered by a physician.
- All over-the-counter medications will be stored in a locked cabinet in the student's classroom and/or the classroom emergency backpack.
- Any over-the-counter medication given more than ten times in a one-month period will require a physician's order to continue the medication.
- A new consent form needs to be completed for each school year.

COMPLETION BY PARENT

Medication	Dosage	Duration of request
Directions		
Indication (reason) for medication:		
Medication	Dosage	Duration of request
Directions		
Indication (reason) for medication:		

I hereby give my permission for my child's teachers or authorized school personnel to give the medication to my child according to the directions stated above.

Parent Signature: _____

Date: _____