



Emergency Medication Permission Form

Little Lamb Playschool Ltd.
 Phone: 236-8292 Fax: 279-0431

We appreciate your help in avoiding the administration of medication during school hours. Whenever possible, please have medication given at home, before or after school. Please complete this form for all medication that needs to be given during school hours.

Name of Student			Date of Birth		
Last	First	Middle	MM	DD	YY

Teacher	Allergies	
Medication	Dosage	Time(s) of Administration
Form/Rout of Administration		

If medication is to be given "when needed" **describe symptom indications** and how often medication can be repeated:

List significant side effects/adverse reactions to be reported to the doctor

I request that authorized school personnel assist my child in taking the medication(s) described above while at school. I authorize a representative of the school to share information regarding this medication with the physician/licensed prescriber signing above. I understand that Little Lamb Preschool and its employees are not responsible for the effects of the medication administered.

Date			Parent/Guardian Signature	
MM	DD	YY		
			Phone Home: _____ Work: _____	

Emergency Phone/Contact Person/Dr. name & Phone#

- ***All medication(s) must have the original labelling and prescription instructions.***
- ***All medication(s) must include the child's first and last name.***

Medication			Medication			Medication		
Date Given	Time Given	Amount	Date Given	Time Given	Amount	Date Given	Time Given	Amount
Administered by:			Administered by:			Administered by:		

Administrative Procedures for Administering Medications to students

Administration of medications will be permitted on school property only when medically necessary and under the direct supervision of appropriate staff members. The first dose of any newly prescribed medication should always be given at home. Please notify the school of any changes in the child's condition or medication. For the safety of our students the following procedures will be followed.

1. If prescription medications are to be given at school, written orders must be provided. These orders must specify the name of the medication, dosage, and the time to be given. The medication permission form must also be signed by the parent or guardian of the student.
2. If non-prescription medications are to be given at school, the medication permission form must be completed and signed by the parent or guardian, indicating the name of the medication, dosage, time to be given and the reason for the administration. Non-prescription medication can be administered no longer than three (3) consecutive days, after which time a completed medication permission form from a physician or other licensed prescriber must be provided.
3. All medication is to be brought to school by the parent or guardian in the original properly labelled container. The information on the container must match the information on the medication permission form. Any change in the prescription requires a new permission form.
4. If a parent or guardian is unable to deliver the medication to the school, he/she **MUST CALL THE SCHOOL** to report that the medication is being delivered by the student. Be sure to send the medication permission form as well.
5. Students may carry and self-administer these medications only if the written permission of a licensed prescriber and the parent is on file with the school. Parents of children needing emergency medications such as inhalers, epi-pens or insulin are advised to contact the school so a care plan can be developed.