

# PERMISSION TO ADMINISTER MEDICATION

I give permission for Kid's Hideout to administer the following doctor-prescribed medication to my child:

Child's Name: \_\_\_\_\_

Name of Medication: \_\_\_\_\_

Date(s): \_\_\_\_\_

Dosage: \_\_\_\_\_

Time(s) to be administered: \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date: \_\_\_\_\_

All medications must be in the original bottle/box with the label intact. The label must include the doctor's name, date and instructions/directions. Over-the-counter medications **CAN NOT** be administered without a written note from the doctor. (Long-term meds that are only administered occasionally, or as needed, can be included on this form for the school year by writing "2015-16 School Year" in **Date** section above)

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STAFF USE ONLY:

| Administered by: | Date: | Time: |
|------------------|-------|-------|
| _____            | _____ | _____ |
| _____            | _____ | _____ |
| _____            | _____ | _____ |
| _____            | _____ | _____ |
| _____            | _____ | _____ |

All staff will be trained on how to administer medication. Staff, please initial and date that you have been trained/informed on how to administer this medication:

Initials -> \_\_\_\_\_

Date -> \_\_\_\_\_

Once form is complete, please place this in the child's file. Thank you.