



Long-Term Medication Permission Form – Prescription and non-prescription medications

Name: _____

Today's Date: _____ Expiration Date for Administering Medication: _____

Dosage Amount: _____ Time(s)/Day(s) to be administered: _____

I give my approval for Early Einsteins to administer the following medication to my child which I have provided:

Name of Medication*: _____

*Early Einsteins will need to obtain and follow written instructions from a licensed physician or dentist prior to administering each **prescription medicine**. Medicine with the child's name and current prescription information on the label constitutes instructions.

Purpose of Medication: _____

Specific Instructions: _____

Parent/Guardian Signature: _____ Date: _____

For Office/Staff Use Only

Medication was administered the following days and times:

Date: _____	Time: _____	Staff Signature: _____
Date: _____	Time: _____	Staff Signature: _____
Date: _____	Time: _____	Staff Signature: _____
Date: _____	Time: _____	Staff Signature: _____
Date: _____	Time: _____	Staff Signature: _____
Date: _____	Time: _____	Staff Signature: _____
Date: _____	Time: _____	Staff Signature: _____
Date: _____	Time: _____	Staff Signature: _____
Date: _____	Time: _____	Staff Signature: _____
Date: _____	Time: _____	Staff Signature: _____
Date: _____	Time: _____	Staff Signature: _____
Date: _____	Time: _____	Staff Signature: _____