



Medication Permission Form – Prescription and non-prescription medications

Name: _____ Today's Date: _____

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: _____

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

Possible Side Effects: _____

Specific Instructions: _____

Parent/Guardian Signature: _____ Date: _____

For Office/Staff Use Only – Form good for one week only. Medications that need to be administered longer than one week should be completed on the Long-Term Medication Form.

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: _____