Consent for Medication

Child’s Name:

I give permission for a Head Teacher, Program Coordinator, or Director to administer ONLY prescription medication to my child in accordance with directions for use on the prescription’s original container.

I give permission for the Head Teacher, Program Coordinator, or Director to administer any of the medications checked below. I will supply the diaper rash cream and/or teething gel in the original container, and I will clearly label them with my child’s full name. The Center will keep Infant/Children’s Tylenol, Motrin, and Benadryl locked in a medicine box at the front desk. A doctor’s prescription is required for all other over-the-counter medications.

_______ Diaper rash cream (Desitine, Vaseline, etc.)

_______ Teething Gel/Tablets

_______ Tylenol/Motrin

_______ Benadryl

Note: You will be contacted to pick up your child immediately and only one dose of Tylenol or Motrin will be administered to your child on any given day and only if your child has a fever. Your child may not return to the Center until 24 hours after s/he has stopped running a fever. Tylenol or Motrin will not be given for teething.

You will be contacted to pick up your child immediately and only one dose of Benadryl will be administered to your child on any given day, and only if your child is showing signs of having a severe allergic reaction in which your child is unable to participate in the program. Your child may not return to the Center until s/he has stopped displaying signs of having an allergic reaction.

Center staff will require that your child be seen by a pediatrician to diagnose the allergy and provide the Center with the necessary written instructions and medication should your child experience the same symptoms in the future.

Parent: ____________________________ Date: ______________

Signature