

# Shining Star Pre-School Administering Medication Form

Name of Child: \_\_\_\_\_

Name of Physician: \_\_\_\_\_

Phone Number of Physician: \_\_\_\_\_

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

Strength of Medication: \_\_\_\_\_

Dosage and Time to be Administered: \_\_\_\_\_

---

Period of Administration \_\_\_\_\_ to \_\_\_\_\_  
Date Date

Possible Side Effects: \_\_\_\_\_

**I hereby give permission for Shining Star Pre-School to administer the above-named medication to my child.**

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

Note:

Both prescription and non-prescription medication must be in a labeled original container with the child's name, physician name, name of the medication, strength of the medication, and the amount and time the medication is to be given. Various medications must not be combined in the same container.

Shining Star Pre-School cannot under any circumstances give a child a prescription drug that has another person's name on it.