



The law allows any person to assist in carrying out a physician's recommendation. Little Learner's Preschool recognizes the desirability of following a physician's recommendations as nearly as possible while your child is at school, just as you, the child's parents, do while your child is at home. The fact that this service is not legally required by Little Learner's Preschool is recognized by all parties signing this form. In so signing, they agree to hold the school and its personnel free from any and all suits which might arise out of these arrangements.

We, the undersigned, understand that the school is not legally obligated to administer medication to our child, and therefore, we agree to hold the school and its employees free from any and all responsibility for the results of such medication or in the manner in which it is administered and to indemnify each of them against loss by reason of civil judgment arising out of these arrangements which may be rendered against them.

This agreement does not guarantee that medication will be dispensed. Due to unforeseeable events, personnel may not be able to administer medications at all times. Little Learner's Preschool accepts no liability for medications not administered. If your child must be given medication at unscheduled times or you need to guarantee that their medication is administered, It is the Parents responsibility to come to the school and administer the medication personally.

We, the parents, further agree to bring the medication to school in a container from the pharmacist properly labeled by the same. This label must include the name of the student, doctor, date, dosage, the name of the medication and the method of administration. We understand that medications will be administered at lunch time only. Medication improperly labeled or contained cannot be administered at Little Learner's Preschool.

**Medication will not be given if the following steps are not completed:**

1. You MUST complete and return this form.
2. The medication MUST have a prescribed label on the bottle (No over the counter medicine).
3. The label must contain the following information:
  - ✓ Name of the Medicine
  - ✓ The Child's Name
  - ✓ The Dosage of Medicine to be given. If any other dosage besides tsp., appropriate dispenser must be provided.

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

Parent Name: \_\_\_\_\_ Daytime Phone \_\_\_\_\_

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

Doctor: \_\_\_\_\_

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

**\*All Medications will be given at Lunch\***

Dates to be given: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

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

Date	Time	Administered by
_____	_____	_____
_____	_____	_____
_____	_____	_____

Date	Time	Administered by
_____	_____	_____
_____	_____	_____
_____	_____	_____

**A NEW FORM MUST BE COMPLETED EACH WEEK THAT MEDICATION IS REQUIRED**