



## Chapel Hill Preschool Medication Permission Form

7700 Skansie Ave. Gig Harbor, WA 98335 253-853-0234

Student's Name \_\_\_\_\_ Birth date \_\_\_\_\_ Teacher \_\_\_\_\_

Name Of Medication \_\_\_\_\_ Dosage \_\_\_\_\_ Method of Administration \_\_\_\_\_ Time of Day \_\_\_\_\_

Reason for medication to be given during preschool hours  
\_\_\_\_\_

Anticipated action \_\_\_\_\_

Possible side effects of medication \_\_\_\_\_

Emergency procedure in case of serious side effects \_\_\_\_\_

I request and authorize that the above named student be administered the above identified medication in accordance with the instructions indicated above for the period commencing (date) \_\_\_\_\_ through (date) \_\_\_\_\_

As there exists a valid health reason which makes administration of the medication advisable during preschool hours or during such time that the student is under the supervision of school/ church personnel, such medication may be administered by medically untrained employees.

Physician's/Dentist's Signature \_\_\_\_\_

Date \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Fax Number \_\_\_\_\_

I certify that I am the parent, legal guardian, or other person in legal control of the above identified student and request and authorize the school to administer the above identified student in accordance with the prescription or doctors instructions for the period beginning (date) \_\_\_\_\_ through (date) \_\_\_\_\_

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

Date \_\_\_\_\_

Phones— Home: \_\_\_\_\_

Mobile: \_\_\_\_\_

Work: \_\_\_\_\_