



Medication Consent Form

JCPC staff will administer medication, either over-the-counter or prescription, to your child **only** when it is medically necessary that the child receive medication during school hours. We will administer medication only as long as is absolutely medically necessary. The following conditions must be met before we will administer medication:

- JCPC requires a separate Medication Consent Form for each medication, prescription or over-the-counter.
- The Parental Consent section of this form must be completed and signed.
- Whether the medication is over-the-counter or prescription, the Physician's Instructions section of this form must be completed by a physician.
- Medication must be in the original container labeled with the child's complete name, the medication name, recommended dosage, time intervals for administration, method of administration, expiration date, and (for prescription medication) the prescriber's name and license number. Medication will be returned to the parent when no longer needed.
- We will **not** administer the first dose of any medication.

Parental/Guardian Consent

Child's Name: _____

Medication: _____

I request that the Jefferson Center for Preschool Children, assist, supervise and/or administer the medications I have requested be given to my child. By submitting the Medication Consent Form, I release the school and any school employees from liability for administering medication and first aid to my child, and agree to indemnify and hold harmless its employees and agents, either jointly or severally, from and against any and all claims, damages, causes of actions, or injures arising from the first aid to or medication of my child while at school or school-sponsored events. I acknowledge that it is my responsibility to keep my child's medical records current to reflect any allergies, medical/physical conditions, and communicable diseases.

Signature of Parent/Guardian

Date

Signature of Parent/Guardian

Date

Physician's Instructions (to be completed by physician)

We must have written instructions from a health care provider stating that a caregiver may administer such medication or prescription and specifying the circumstances, if any, under which the medication or prescription must **not** be administered. We will administer medication only if it is medically necessary that it be given during class hours.

Child's Name: _____

Medication: _____

Condition for which prescribed: _____

Possible side effects: _____

Dosage: _____

Method of administration: _____

Time of administration: _____

Is it medically necessary that this medication be administered during class (9am-11 or 11:30am)?

Yes No

Date to begin administering medication: _____

Date to end administering medication: _____

Other instructions. Include any foods or other medications which may be harmful in combination with this medication. _____

Name of Physician (please print)

Signature of Physician

Date