

GROWING TOGETHER PRESCHOOL, INC.
599 LIMA DRIVE
LEXINGTON, KY 40511

ADMINISTRATION OF MEDICATION

MY CHILD WILL REQUIRE MEDICATION DURING THE COURSE OF THE SCHOOL DAY. I HEREBY GIVE MY PERMISSION TO THE EMPLOYEES OF GROWING TOGETHER PRESCHOOL, INC. TO ADMINISTER THE MEDICATION/S LISTED BELOW. I, LIKEWISE, RELEASE THE EMPLOYEES FROM ANY LIABILITY RELATED TO THE ADMINISTERING OF THIS MEDICATION TO MY CHILD, SO LONG AS THE RESPONSIBILITY IS DISCHARGED ACCORDING TO THE FOLLOWING INSTRUCTIONS:

NAME OF CHILD:	CLASSROOM:
----------------	------------

NAME OF DRUG/S	DOSAGE	INTAKE TIME/S
1.		
2.		
3.		
4.		

ADDITIONAL INSTRUCTIONS OR CONSIDERATIONS: (IF NECESSARY)

DATE OF ADMINISTRATION:

PARENT/GUARDIAN SIGNATURE:

PARENT OR GUARDIAN MUST SIGN AND PROVIDE A DATE/TIME EACH DAY MEDICINE IS NEEDED. ALL MEDICATION MUST BE IN ORIGINAL CONTAINER AND PROPERLY LABELED. MEDICATION MUST BE STORED IN SEPARATE LOCKED CABINET OR REFRIGERATOR, IF NEEDED. IF PRESCRIPTION MEDICATION, CHILD'S NAME MUST BE ON THE LABEL.