



205 Granada Ave, SF, CA94112  
415-516-8121

## Prescribed Medication Release Form

If your child has any types of allergic reactions, please provide your own medication for better assistance under any circumstances. A parent must provide a medicine spoon or cup for administering medicine. Little Panda Childcare Center will not issue any medication throughout the school day. If your child needs any type of medication during the day, parents please come to school and issue the medication to your child as needed.

This form must be filled out correctly in its entirety, failure to do so will result in the inability to administer medication per Little Panda Preschool Medication policy.

- 1) Written parent/guardian permission is required to administer this medication.
- 2) A physician's prescription **must be** attached to this form
- 3) All medication must be labeled with the child's full name in the original packaging. All medication labels must include instructions for administration and show an expiration date.
- 4) All medications must be provided by parents. Parents must verbally instruct teachers/staff on how the medication is to be administered when the medication is given to teachers/ staff.
- 5) All medications are to be kept in a medication box, inaccessible to any child.
- 6) All medication no longer being used will be returned to the parent/guardian to pick up or discarded.
- 7) All prescribed medications must be administered as directed by the physician's prescription.

Childs Name:

Child's DOB:

Name of Parents/Guardian

Today's Date:

Reason for Medication:

Name of Medication:

Method of Medication Administration:

Check Box:    Oral    Drops    Inhale    Injection

Dosage or Amount of Medication (for example 1 tsp.):

Specific Time Medication is to be administered (for example 9:00 am):

Specific Dates Medication is to be administered (for example 1/1/10-1/7/10):

Possible side effects of Medication:



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Specific instructions:

I give the staff of Little Panda Preschool permission to administer the medication. I agree not to hold Little Panda or all their employees responsible for any health issues that occur due to the medication.

Signature of Parent or Guardian: Date:

Staff/ Teachers

I fully understand and will follow the administering instruction written above.

Signature of Little Panda Preschool staff:

Date: