



## OTC Medication Permission Form

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

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

Condition for Administering the Medication:

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Amount to be administered: \_\_\_\_\_

Time(s) to be administered: \_\_\_\_\_

Refrigeration Necessary: (Circle One)      Yes      No

Possible Adverse Reactions: \_\_\_\_\_

### **Policy on the Administration of Medicine:**

The staff of Little Minds Learning Academy will administer medication only after we receive this form filled in completely and is signed by parent/guardian.

All over the counter, non-prescription medication such as Tylenol, Advil, and cough suppressants may be dispensed only in accordance with the recommended dosage for the child's age indicated on the label. Therefore, Little Minds Learning Academy, will not administer the medication to the child under the recommended age without a written note from the child's physician. The note must include the amount of medication the child can receive and the time lapse between each dose.

Non-prescription Over-the-counter medications include:

- Antihistamines
- Cough Suppressants
- Decongestants
- Non-aspirin fever reducers/pain relievers
- Topical preparations, such as sunscreen and diaper rash preparations

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

\_\_\_\_\_  
Date