



# Bethel UMC Preschool

## PERMISSION TO ADMINISTER MEDICATION

I give my permission for the staff of Bethel UMC Preschool to administer the following medication to my child, \_\_\_\_\_ . (please include Benadryl and pain reliever information in case of insect bites or fever)

Prescription number \_\_\_\_\_

Doctor prescribing medicine \_\_\_\_\_

Condition for which medication is prescribed

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Medication is to be given \_\_\_\_\_ (give complete information) \_\_\_\_\_ (day) \_\_\_\_\_ (time)

Amount of dosage \_\_\_\_\_

I understand that the staff cannot be responsible for any allergic reactions or complications resulting from this medication if given according to directions.

Signed \_\_\_\_\_ Date \_\_\_\_\_  
(parent or guardian)

Staff person receiving medication \_\_\_\_\_

I do not want the staff of Bethel UMC to administer any type of medication to my child no matter what the circumstance is.

Signed \_\_\_\_\_ Date \_\_\_\_\_  
(parent or guardian)