

Permission to Administer Medication

This form MUST be filled out completely and accurately. No medication will be administered without this form completed.

I _____ (parent/guardian) hereby authorize
North Idaho Kids Academy to administer the following medication(s) to my child/children
_____ Birth date _____

Prescription:

Must be in original packaging with the child's name, Physicians name, issue date of medication, name of medication, dosage, route of administration, how often the medication is to be administered, storage requirements and Expiration date clearly on the bottle.

Non-Prescription: I give permission to administer the following products as needed by my child/children at any time while attending North Idaho Kids Academy.

The following products may be administered to my child at the provider's discretion according to the manufacturer's instructions or as otherwise specified.

- | | |
|---|--|
| <input type="checkbox"/> Sunscreen | <input type="checkbox"/> Tylenol |
| <input type="checkbox"/> Chap stick | <input type="checkbox"/> Benadryl |
| <input type="checkbox"/> Insect Repellent | <input type="checkbox"/> Dimetapp |
| <input type="checkbox"/> Hand Soap | <input type="checkbox"/> Motrin |
| <input type="checkbox"/> Diaper Rash Ointment | <input type="checkbox"/> Advil |
| <input type="checkbox"/> Desitin | <input type="checkbox"/> Children's Aspirin |
| <input type="checkbox"/> A & D Ointment | <input type="checkbox"/> First Aid Cream |
| <input type="checkbox"/> Neosporin | <input type="checkbox"/> Children's Pepto Bismol |
| <input type="checkbox"/> Bag Balm | <input type="checkbox"/> _____ (From Home) |
| <input type="checkbox"/> Baby Wipes | <input type="checkbox"/> _____ (From Home) |

It has been explained to me that the listed medications (or generic equivalent) are usually used or can be administered by North Idaho Kids Academy for the comfort of my child/children while in their care.

I understand that should I not wish for my child to have these products administered I need to tell North Idaho Kids Academy immediately and make changes to this form.

ALL the medications are to be provided by the parent and labeled with the child/children's name and kept out of reach of the children.

I have consented to the medications that I have initiated. **No** medication will be administered with verbal consent.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____