

**ELKHART AND ST. JOSEPH COUNTIES HEAD START CONSORTIUM**

**PARENT PERMISSION FOR MEDICATION ADMINISTRATION  
PERMISO DE LOS PADRES PARA ADMINISTRAR MEDECINA**

**School Year / año escolar** \_\_\_\_\_

**Child's Name / Nombre del niño(a)** \_\_\_\_\_

**Date of Birth / Fecha de Nacimiento** \_\_\_\_\_

***MUST BE COMPLETED BY PARENT / Para ser completada por los padres***

**I hereby authorize any person or persons designated by the Health Staff to assist my child to take the following medications at school / Yo por este medio autorizo a cualquier persona o personas designados por el Consultante de salud para que ayuden a mi niño(a) a que tome las siguientes medicinas en la escuela.**

**Reason for medication / Razón por la que toma el medicamento:** \_\_\_\_\_

**Name of medication / Nombre del medicamento** \_\_\_\_\_

**Name of prescribing physician / Nombre del medico que prescribió el medicamento:** \_\_\_\_\_

**Phone / teléfono:** \_\_\_\_\_

**Parent / Guardian Signature / Firma del Padre / Madre / Guardián:** \_\_\_\_\_

**Date / Fecha:** \_\_\_\_\_

**ALL MEDICATION MUST BE BROUGHT TO THE CLASSROOM IN THE ORIGINAL CONTAINER BY AN ADULT /  
TODOS LOS MEDICAMENTOS SE DEBEN DE TRAER A EL SALÓN DE CLASE EN EL ENVASE ORIGINAL POR UN  
ADULTO.**

***MUST BE COMPLETED BY PHYSICIAN / Debe Ser compensado por el medico***

**NAME OF MEDICATION/DOSAGE:** \_\_\_\_\_

**SPECIAL INSTRUCTIONS:** \_\_\_\_\_

**POSSIBLE SIDE EFFECTS TO WATCH FOR:** \_\_\_\_\_

- **Prescription label includes:** Child's name; frequency and amount of dosage; name of the drug; duration of administration; method of administration; expiration date; storage instruction; date filled; and name of the prescribing physician.

**Physician/Nurse Practitioner Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**NOTE:** A separate flow sheet must be completed for every medication a child is taking during Head Start Classroom hours and the medication must be documented every time it is given.

**If you have any questions or concerns please call our office at (574) 393-5864**