

All Star Kids Medication Permission Form & Questionnaire

This form must be completed and signed for **ALL** medication (prescription, over the counter, as needed, emergency medication, lotions, cough drops, etc.). The information provided on this form must match the prescription label and physician's note. This form **MUST** be accompanied by the medication in its original (brand new), labeled container and a physician's note with explicit dosage and administration instructions. An Individualized Health Plan/Emergency Action Plan must be completed and attached to this form for all emergency medication and as needed medication. Supply of the appropriate measuring device is needed to give the accurate does of the medicine. A new form must be completed for all separate medications and whenever refills are brought in. Medication will only be given to the child indicated on the medication label and a physician's note. Medication will **NOT** be administered without a physician's note.

As a reminder, whenever possible, all medications should be administered at home.

Child Information

First Name _____ M.I. _____ Last Name _____
Age _____ Height _____ Weight _____

Medication Information

(All information must match the label precisely! Please answer all questions if applicable)

Name of medication _____

Strength of medication _____ Dosage/Amount to be given _____

Time/Frequency to be given _____

Route of medication _____

Expiration Date _____ Prescription Number _____

Name of Pharmacy _____ Phone Number _____

Name of Physician _____ Phone Number _____

Date Seen _____ Date Prescribed _____

Additional Questions

Why is this medication being administered to your child?

When was the last time your child received this medication? _____

Are there any possible side effects we should be aware of?

Permission

I, _____ (Parent/Guardian's name) have determined that the Bennington Public Schools Foundation Before and After School Program, All Star Kids, Directors are competent to give or apply medication to my child. I understand that the All Star Kids Site Directors have the responsibility to assess the ability of staff to give or apply medication safely and may give or apply medication to my child.

Signature of Parent/Guardian

Date