



**Little Learners Academy Medication Policy:**

- All medicine has to be in the original **LABELED** container and dated.
- Prescription medicine **ONLY**. Due to state recommendations, we will **no longer administer over-the-counter medicines**.
- Written instructions from a parent/guardian as to how to administer, amount, time, etc. must be shown.
- A written request by the parent or guardian must be made to the director or assistant director to administer the drug.
- We cannot hold medicine in the center “as needed”. State requirements are very strict on this issue.
- Fill out a separate form for **EACH** medicine.
- Medication times are **ONLY** at **12:00 PM**.

\*Please fill out the information below giving Carrington Academy/Little Learners Academy permission to administer the medication. This is a release of the center and the Director or Assistant Director of any adverse reactions that may occur as a result of taking this medication as directed. Return this form to the Director or Assistant Director along with the medication.

Child’s Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name of Medication (s): \_\_\_\_\_

Prescription Number: \_\_\_\_\_

Time Medication is to be given: \_\_\_\_\_ 12:00 PM ONLY \_\_\_\_\_

Amount of Medication to be given: \_\_\_\_\_

Dates Medication is to be given: \_\_\_\_\_

Parent/Guardian Name (Please Print) \_\_\_\_\_

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

**For Center Use Only**

<b>Date</b>	<b>Time</b>	<b>Amount</b>	<b>Any Adverse Reaction</b>	<b>Administer By</b>
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____

If noticeable adverse reaction to medication what action was taken? Describe. \_\_\_\_\_

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