

**EPISCOPAL COLLEGIATE SCHOOL-SUMMER AT THE E  
PARENT CONSENT FOR ADMINISTRATION OF OTC/PRESCRIPTION MEDICATIONS**

<b>CHILDCARE CENTER NAME:</b> <b>Episcopal Collegiate School</b>	<b>LICENSE NUMBER:</b> <b>26615</b>	<b>DATE:</b>
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**PARENT'S INSTRUCTIONS:**

1. All prescription and nonprescription medications shall be maintained with the child's name and shall be dated.
2. Any controlled substances will be stored and double locked. Only the UAP delegated by the parents may administer the appropriate medications to the individuals.
3. Prescription and nonprescription medications must be stored in their original container and labeled accordingly. Medications requiring refrigeration must be stored properly.
4. Prescription and nonprescription medication shall be administered in accordance with the label directions. A doctor's note will be required to give more than what is directed on the instructions/labels.
5. Written consent from the parent/guardian must be obtained before any medication is administered.
6. Student must complete two doses without adverse reactions before administering the medication at school/Summer at the E.
7. Parents/Guardians will bring any medication directly to Libby Conder or Izzy Jackson to be counted and stored properly.

<b>CHILD'S NAME:</b>	<b>DATE OF BIRTH:</b>
<b>MEDICATION NAME:</b>	<b>DOSAGE:</b>

**I authorize childcare personnel to assist in the administration of medications described above to the child named above for the following medical condition/s:**

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I give permission for the following UAP (Unlicensed Assistive Personnel) to administer my child's medication accordingly:  
 Libby Conder, Director of Auxiliary Programs  
 Izzy Jackson, Assistant Director of Auxiliary Programs

<b>PARENT'S SIGNATURE:</b>	<b>DATE:</b>
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Upon completion, UAP will return medicine to the parents or destroy if needed. This form will be kept in the student's record.

<b>STAFF:</b>	<b>DATE:</b>
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