EPISCOPAL COLLEGIATE SCHOOL-WILDCAT CLUB
PARENT CONSENT FOR ADMINISTRATION OF OTC/PRESCRIPTION MEDICATIONS

CHILD CARE CENTER NAME:	LICENSE NUMBER:	DATE:

PARENT'S INSTRUCTIONS:

1. Prescription and nonprescription medications must be brought in their original container or current labeled bottle. Medications requiring refrigeration must be stored properly.
2. Any controlled substances will be stored and double locked. Only the trained personnel delegated by the parents may administer the appropriate medications to the individuals.
3. 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.
4. Written consent from the parent/guardian must be obtained before any medication is administered.
5. Student must complete two doses without adverse reactions before administering the medication at school/Wildcat Club.
6. Parents/Guardians will bring any medication directly to Izzy Jackson or Katie Beard to be counted and stored properly.
7. Any medication that is left will be destroyed if not picked up and signed out by the parent.
8. Expired medication will not be given.

CHILD'S NAME:	DATE OF BIRTH:
MEDICATION NAME:	DOSAGE:

I authorize child care 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 trained personnel to administer my child's medication accordingly:
Izzy Jackson, Director of Wildcat Club
Katie Beard, Assistant Director of Wildcat Club

PARENT'S PRINTED NAME:	DATE:
PARENT'S SIGNATURE:	DATE: