

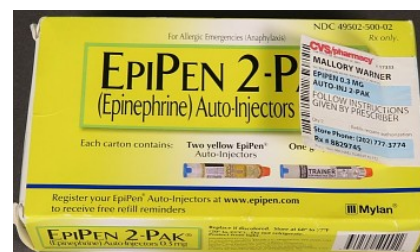
**West Bloomfield School District
5810 Commerce Rd.
West Bloomfield, MI 48324**

Medication Agreement Form

Please review the West Bloomfield School District's medication policy. By checking each box, you confirm that all medication forms have been submitted to West Bloomfield Preschool Academy and that you understand the child care licensing requirements regarding your child's medication. (Please staple this form to the front of the submitted medical forms.)

Child's Name: _____

- ☐ I have given West Bloomfield School District prior written consent and the necessary documents for a child care staff member who will administer or apply any medication—whether prescription or nonprescription.
- ☐ The medication I provided to West Bloomfield School District for my child is in its original container, clearly labeled with my child's name, and includes any non-prescription topical medications.
- ☐ My child's prescription medication provided to West Bloomfield School District includes a pharmacy label with the physician's name, my child's full name, dosage instructions, medication name and strength, and will be administered as instructed.
- ☐ I checked my child's medication expiration date to ensure that the medication is up to date and will last for the school year.
- ☐ I understand that a child care staff member is not permitted to mix medication into my child's bottle, drink, or food unless explicitly stated on the prescription label and with written consent from a physician.
- ☐ Topical non-prescription medications, such as diaper cream, triple antibiotic ointment, sunscreen, and insect repellent, will require a medical form filled out by a parent/guardian before a child care staff member can apply them.
- ☐ If my child has more than one allergy, I have provided the West Bloomfield School District with a separate medication plan form for each allergy, as required by child care licensing regulations.



I have reviewed the medication policy, confirmed that all required medication forms have been submitted, and understand the child care licensing rules regarding my child's medication.

Student Name:	
Parent/Guardian Name:	
Parent/Guardian Signature:	Date: