

RELEASE TO ADMINISTER MEDICATION

This form: 1) Authorizes administration of medication by Little Stars Early Learning Center, LLC and 2) Records the Date(s), Time(s), Dosage, and name of staff member administering the medication. This form authorizes administration of short term medications (antibiotics, etc.) as well as long term medications (Insulin, etc.). The Doctor's permission document must specifically authorize administration of long term medications. In the event that the recording space on this form is exhausted, a blank copy of this form shall be used to continue recording administrations of the medication. The Medication Release information from the signed release shall be duplicated on each additional copy.

Child Information

| | | |
|-------------------------|--------------------------|--------------|
| <i>Child Last Name:</i> | <i>Child First Name:</i> | <i>Date:</i> |
|-------------------------|--------------------------|--------------|

Medication Release

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| I request that Little Stars Early Learning Center, LLC administer medication to my child as specified below. | | |
| <i>Medication:</i> | <i>Administration Day(s) (Enter # of Days):</i> | <i>Administration Time(s) (Each Day):</i> |
| <i>Administration Dosage:</i> | <i>Has a doctor's permission form been received?:</i> <input type="checkbox"/> Yes <input type="checkbox"/> No | <i>Term of Administration:</i> <input type="checkbox"/> Indefinite <input type="checkbox"/> Limited to _____ Days |
| <i>Parent Signature:</i> | | <i>Date (mm/dd/yyyy)</i> |

Record of Administration of Medication

| DATE (mm/dd/yyyy) | TIME (hh/mm) | DOSAGE | ADMINISTERING STAFF | |
|----------------------|-----------------|--------|---------------------|-----------|
| | | | Print | Signature |
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