

# Northfield Community Nursery School

## Permission to Dispense Medication *Waiver and Release of All Claims*

Northfield Community Nursery School will not dispense medication to a minor child or other participant until the Permission and Waiver to Dispense Medication and Medication Information Form have been fully completed by a parent or guardian.

**NAME OF PROGRAM:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

I, \_\_\_\_\_ the parent/guardian of \_\_\_\_\_  
(Print Name) (Print Name)

give permission to the staff of Northfield Community Nursery School **to administer to my child**

\_\_\_\_\_  
(Name of Medication)

Prescription Number \_\_\_\_\_ Dosage Amount \_\_\_\_\_

**I understand it is my responsibility to give the medication directly to the program staff in individual dosage containers, original prescription containers, or envelopes clearly labeled with the following information:**

**CHILD'S NAME:** \_\_\_\_\_

**NAME OF MEDICINE AND COMPLETE DOSAGE INSTRUCTIONS:**

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

Starting Date \_\_\_\_\_ Until \_\_\_\_\_ (ending date)

Does the child have any limitations, which will occur due to the listed medication?

If so, please explain: \_\_\_\_\_

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

(OVER)

