



## Waiver for the Distribution/Administration of Medication One form must be filled out for each medication.

This form must be complete and signed by both parent and physician in order for the medication to be administered.

Child's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Medication Start Date: \_\_\_\_\_ Medication End Date: \_\_\_\_\_

Medication Name: \_\_\_\_\_ Refrigerate? \_\_\_\_\_ Yes \_\_\_\_\_ No

Reason for Medication: \_\_\_\_\_ Any side effects? \_\_\_\_\_

Dosage: \_\_\_\_\_ Time to be administered: \_\_\_\_\_

Physician Name: \_\_\_\_\_ Physician Phone Number: \_\_\_\_\_

**Physician Signature:** \_\_\_\_\_

**Any prescription medications must be in the original pharmacy labeled container, and any over the counter medications must be clearly labeled with your child's first & last name. All medication must be current and replaced by the expiration date.**

The undersigned hereby acknowledges and represents that s/he is the parent, legal guardian or person legally responsible for the above named child while s/he is under the supervision of the programs sponsored and operated by Little Ones.

The undersigned further acknowledges that s/he has requested that Little Ones staff, its employees and/or duly authorized agents administer or assist in administering the above indicated medication while the above named child is under the supervision of Little Ones.

Now, in consideration of the administering or assistance in administering said medication, the undersigned does hereby forever release, discharge, hold harmless and agree to indemnify Little Ones Preschool, Inc., its employees and duly authorized agents of and from any and all claims, demands, suits, actions, and liabilities or responsibilities of whatsoever kind or nature, arising out of or in connection with the administering or assistance in administering of said medication.

Parent Name: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_