

## Sunbeam Early Learning Center

Permission to Administer Over the Counter Medications in Child Care

\*(Use one form for each medication)

Medication will be administered by staff of Sunbeam Early Learning Center only when this form is completed and signed by the child's health care provider and parent/guardian.

Parent/guardian **must** administer the initial dose of ALL medications, not child care staff.

Over the counter, non-prescription medications must follow the same procedures as prescription medications.

### Health Care Provider

Please provide the following information

Child's first and last name: \_\_\_\_\_

Medical condition being treated: \_\_\_\_\_

Medication: \_\_\_\_\_

Dosage: \_\_\_\_\_ Frequency/Time: \_\_\_\_\_ Route: \_\_\_\_\_

Duration of Treatment: (use dates) From: \_\_\_\_\_ To: \_\_\_\_\_

Comments or Specific Instructions: \_\_\_\_\_

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

\_\_\_\_\_  
Health Care Provider Signature Date

Health Care Provider's Name: \_\_\_\_\_

[Please Print] Address: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature Date

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