

**Our Lady of the Presentation
Early Childhood Center
100 SW Murray Rd.
Lee's Summit, MO 64081
Phone (816) 251-1140 Fax (816) 251-1132**

**DOCTOR'S MEDICATION AND CONSENT FORM
FOR NON-PRESCRIPTION MEDICATIONS**

Child's Name Date

Physician: Please initial one or more of the listed medications as appropriate for your patient and sign the order below.

- Acetaminophen (dosage by age/weight) for pain or fever
- Ibuprofen (dosage by age/weight) for pain or fever
- Cough drops
- Cough Medication (dosage by age/weight) as directed
- Non-prescription Lotions
- Other (please specify) _____

Additional Prescription or Over-the-counter medication brought from home required for administration during school hours (inhalers, asthma medication, antibiotics)

RX: _____

Please include drug name, dosage, time, and duration of administration

Diagnosis: _____

Physician Signature: _____

Physician Printed Name: _____ Office Phone: _____

Please administer the physician ordered medication listed above to my child as needed. I understand any medication, prescription or over-the-counter, must be delivered to the front desk by an adult and a medication permit signed and on file. Children are not allowed to carry any medication with them. ALL MEDICATIONS (INCLUDING INHALERS) ARE TO BE KEPT AT THE FRONT DESK.

Date

Parent/Guardian Signature