

**Excelsior Covenant Preschool**  
**MEDICATION PERMISSION FORM**

**Student's name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

The following medication has been prescribed for this child. I request that the following medication be administered by program personnel.

Note: Doctor's permission is not needed for prescription medication in the original container.  
Doctor's written permission is needed for non-prescription medication.

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

**Condition for which prescribed:** \_\_\_\_\_

**Instructions for use:** \_\_\_\_\_

\_\_\_\_\_

**Dosage:** \_\_\_\_\_

**Parent signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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