

Bright Eyes Kindergarten, Inc.

K2 - K3 - K4

"Where children laugh and learn"



Medicine Authorization Form (to Dispense)

In order to help protect your child's health, your consent and written authorization is required when it is necessary for your child to receive prescription and/or non-prescription medicine. No medications will be given to your child at school until this authorization has been received.

It is your responsibility to provide all medicines to be given at school. Each medicine must be in the original container. Prescriptions must be clearly labeled with your child's name, dosage amount, times to be given, and duration schedule. **Prescription medicine will not be shared among siblings.**

Medicine: _____ Dosage: _____
Start Date: _____ End Date: _____

Specific Directions (exact amount to give, relationship to meals, as needed, etc.): _____

Purpose: _____ How often: _____

Medicine: _____ Dosage: _____
Start Date: _____ End Date: _____

Specific Directions (exact amount to give, relationship to meals, as needed, etc.): _____

Purpose: _____ How often: _____

Medicine: _____ Dosage: _____
Start Date: _____ End Date: _____

Specific Directions (exact amount to give, relationship to meals, as needed, etc.): _____

Purpose: _____ How often: _____

I give permission for my child, _____, to receive the medicine(s) listed above during school hours. I understand that it is my responsibility to purchase and supply this medicine. On behalf of my child, I release Bright Eyes Kindergarten, Inc. and their employees and staff from any and all liability whatsoever that may result from my child taking medicine at school.

_____/_____/2008
Parent's Signature

2036 Roper Mountain Road, Greenville, SC 29615
864-297-7882

www.brighteyeskindergarten.com

