

# Permission to Administer Medication

55 Pa. Code §3270.133; §3280.133; §3290.133

PLEASE PRINT



Name of Child: \_\_\_\_\_

Medication to be administered: \_\_\_\_\_

Check one: ☐ My child does not need any medications administered

☐ Prescription MUST BE IN THE ORIGINALLY PRESCRIBED CONTAINER

☐ Non-prescription MUST HAVE THE PHYSICIAN'S SIGNATURE BELOW

Storage instructions (ie: refrigeration) \_\_\_\_\_

PRESCRIBED DOSAGE: \_\_\_\_\_ Date(s)/time(s) at JCC \_\_\_\_\_

Special dosing instructions (e.g. with food; empty stomach; avoid dairy products, etc.) \_\_\_\_\_

Time Schedule/Frequency \_\_\_\_\_

Length of time: \_\_\_\_\_ Days \_\_\_\_\_ Months \_\_\_\_\_ Indefinitely

Diagnosis/Reasons(s) for medication: \_\_\_\_\_

Possible side effects: **{This section must be completed}**. Refer to the label or medication enclosure} \_\_\_\_\_

PRESCRIBING PHYSICIAN'S NAME & PHONE NUMBER: \_\_\_\_\_

**Any medication given at JCC must be accompanied by the medication form and/or notes from both the child's parent/guardian and physician. *All Medications must be brought to school by the parent/guardian in the originally prescribed container and must be given to the teacher or the ECE office manager.***

**We/I hereby release, discharge, and hold harmless the Jewish Community Center of Allentown, its agents and employees from any and all liability and claim whatsoever for the administration of the above medication to our/my child should there develop a reaction from the medication.**

**We/I \_\_\_\_\_ have read and agree to the above medication policy.**  
Please print name

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Physician Signature Non-Prescription medications**

\_\_\_\_\_  
**Date**