

Authorization To Administer Medication

Dear Parent or Guardian:

In order for Central Mississippi, Inc., Head Start Personnel to administer any type of medicine to your child while in school, we must have on file a signed letter giving your permission for us to do so. The medicine should be brought to school with complete instructions and in it's original container which must have the prescription label attached. THIS CONSENT MUST BE COMPLETED AND ON FILE BEFORE ANY MEDICATION, INCLUDING OVER THE COUNTER MEDICATION, CAN BE ADMINISTERED BY HEAD START PERSONNEL.

Sincerely,

Date _____

I hereby request Central Mississippi, Inc., Head Start Personnel of _____ Head Start Center to give medicine to my child, _____. This medicine has been prescribed to my child by: Dr. _____ whose address is _____

These instructions should be followed in giving my child this medicine.

1. Type of medicine: _____
2. Dosage: _____
3. Time the medicine is to be given: _____
4. Reason medicine is to be given: _____
5. Reactions or side effects: _____
6. Physician's telephone number: _____
7. Parent's telephone number: Home _____
Work _____
Emergency _____

I give permission for _____ or the designated personnel to administer the above medication to my child while in school.

Signature of Parent or Guardian

Assurance of Confidentiality: All of the information you provide helps us to deliver services most appropriate for your family needs. You may prefer not to share some information with us. However, some information is required to determine eligibility. All information is held in strict confidence.