

Brilliant Little Minds

LEARNING ACADEMY

NON-PRESCRIPTION MEDICATION ADMINISTRATION FORM

Sometimes your child will become ill and may need to have an over-the-counter medication given to him/her. This form is to give BLM permission to administer the medication that the parent MUST provide. This form MUST also be signed by your child's physician stating the child may receive these non-prescription medications. Please list the common medications and dosages that your child will need.

Child's Name: _____ DOB: _____

Allergies: _____

Medication Name	Reason	Dosage	Times/Day	Expiration Date
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_____	_____	_____	_____	_____
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_____	_____	_____	_____	_____
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_____	_____	_____	_____	_____
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Parent/Guardian Signature: _____

Date: _____

Physician's Name: _____ Phone: _____

Physician's Signature: _____ Date: _____

Valid for one (1) year expiration date: _____

Staff Signature: _____

Date: _____

BLM reserves the right to withhold medication if we feel that it is necessary that his/her physician see the child.