

# **Small Friends Preschool/Kindergarten OTC Medication Form**

(Over The Counter Medicine Form)

**Child's Name:** \_\_\_\_\_ **Date** \_\_\_\_\_

I hereby give Small Friends staff members permission to apply or give one or more of the following over the counter medications or external preparations, in accordance with the directions for use on the container:

- Baby Wipes
- Band-Aids
- Neosporin, or similar ointment
- Bactine or similar first aid spray
- Sunscreen
- Insect Repellent
- Non-Prescription Ointment (such as Vaseline)
- Lotion
- \*Other: (please specify) \_\_\_\_\_

Specify frequency and duration of use:

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Special Instructions:

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Note: If the instructions for administering the medication, cream, etc. are not printed on the container then we need a form from the child's doctor indicating the appropriate dosage to be given.

\* Denotes items to be supplied by parents if use is requested.

## **Emergency Medical Care**

(Please check the box below to indicate consent)

THIS RELEASE ALLOWS SMALL FRIENDS STAFF TO ADMINISTER CPR IF NEEDED. IT IS UNDERSTOOD THAT THE PERSON ADMINISTERING CPR IS CERTIFIED.

I acknowledge that Small Friends would not intentionally act negligently and hereby release Small Friends from any claims that I might have as a result of any emergency treatment for the above named child. This permission is in effect for the duration of my child's enrollment at Small Friends Preschool/Kindergarten.

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

# ALLERGY INFORMATION FORM AND ACTION PLAN

Student Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Please provide the following information:

**Specific Allergy (s):**

**Reaction:**

**Medications/Treatment:**

Does your child have an Epinephrine Pen? Yes \_\_\_\_\_ No \_\_\_\_\_

**Specific instructions for school staff if an allergy attack occurs at school:**

(Attach written instructions from physician if medication is to be given)

These instructions are in effect for the duration of my child's enrollment at Small Friends  
Preschool/Kindergarten.

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_