

Congregation Beth Shalom Preschool
 772 W 5th Ave., Naperville, IL 60563
 2017-2018

Waiver for the Distribution/Administration of OTC Medication

Child's Name: _____ Home Phone: _____

CBS Preschool wants to ensure your child is healthy. To that end, we are willing to administer the following over the counter medications with parental and physician approval as long as the medications are labeled clearly with your child's name and within the manufactures expiration date.

Please indicate "Yes" for us to administer or "No" for do not administer.

OTC Medication	Yes	No
Tylenol as directed by weight and age		
Benadryl as directed by weight and age		
Triple Topical Antibiotic Ointment		
Diaper Rash Cream		
Insect Repellant with 10% or less DEET		
Insect Repellant with Picaridin		

I hereby give permission for CBS personnel to administer the OTC medication listed as "yes".

Parent Name: _____ Signature _____ Date _____

Dear Physician,
 Please review the above list and determine if it is safe for the above named child to receive the OTC medications listed.

Physician Name: _____ Physician Phone Number: _____

Physician Signature: _____

Please Office Stamp Here:

Congregation Beth Shalom Preschool
772 W 5th Ave., Naperville, IL 60563
2017-2018

Waiver for the Distribution/Administration of Rx Medication

Child's Name: _____ Home Phone: _____

On occasion, your child may need to be treated on an acute and/or chronic basis by your physician. Please make every effort to administer those medications prior to class and if needed again, after class. If your physician determines that is not possible, then complete the following for each medication needed:

Name of Medication: _____

Medication Start Date: _____ Medication End Date: _____

Illness being treated: _____ Refrigerate? _____ Yes _____ No

Dosage: _____ Time to be administered: _____

Any side effects we should be aware of? _____

Any prescription medications must be in the original pharmacy labeled container. All medication must be current and replaced by the expiration date. The undersigned hereby acknowledges and represents that s/he is the parent, legal guardian or person legally responsible for the above named child. The undersigned further acknowledges that s/he has requested that Congregation Beth Shalom Preschool staff, its employees and/or duly authorized agents administer or assist in administering the above indicated medication while the above named child is under the supervision of Congregation Beth Shalom Preschool. The undersigned does hereby forever release, discharge, hold harmless and agree to indemnify Congregation Beth Shalom Preschool., its employees and duly authorized agents of and from any and all claims, demands, suits, actions, and liabilities or responsibilities of whatsoever kind or nature, arising out of or in connection with the administering or assistance in administering of said medication.

Parent Name: _____ Date: _____

Parent Signature: _____

Physician Name: _____ Physician Phone Number: _____

Physician Signature: _____

Please Office Stamp Here: