

**Academy for Early Learning
5000 Wissahickon Ave
Philadelphia, PA 19144**

**NON-PRESCRIPTION DRUG
ADMINISTRATION FORM**

Child's Name _____

I hereby consent for the Academy for Early Learning Staff to administer the following medication prescribed by my physician:

Medication : _____

Illness: _____

Dosage: _____

Time: _____

Duration of
Administration: _____

Instructions: _____

Parent Signature: _____

Date: _____

Doctor's Name: _____

Phone Number: _____

Signature: _____

Date: _____