It is not the responsibility of Hartley Nature Center or its employees to prescribe drugs, medications, or home remedies. Medications should be administered at home under the supervision of the parent/guardian when possible. However, some students require administration of medications to be performed during the regular preschool day. In those situations, the following procedure will be followed:

**Parent/Guardian Needs to Bring the Medication to School**

**Prescription Medications**
Before any prescription medication will dispensed by school staff, an *Administration of Prescription Medication form* signed by the child’s medical provider and the parent/guardian of the student must be on file with the preschool director. The forms are available on the HNP website, in the enrollment packet, and from the child’s teacher and/or preschool director. Prescription medications **must** be provided in an original pharmacy container with a current label. Prescription medications brought to preschool in any other container will not be administered. Questions regarding dosage and administration of the medications will be directed to the prescribing physician or the parent/guardian, at the discretion of the preschool staff. Medications will be administered only after questions have been resolved.

**Over-the-Counter Medications**
Parent/guardians must complete and sign an *Administration of Over-the-Counter Medication form* before preschool staff will administer over-the-counter medications such as sunscreen, bug spray, or lotion. Over-the-counter medications must be provided in the original labeled container. Over-the-counter preparations will only be administered to a child according to the label directions, unless contrary written directions from a physician are provided via a submitted Administration of Prescription Medication form signed by the child’s medical provider.

**Unused Medications**
When use of a medication has ceased, or is no longer needed by the student, it will be returned to the parent/guardian.

**Expired Medications**
Expired medications will **not** be administered to a child. Expired medications, including over-the-counter medications, will be returned to a parent/guardian or destroyed.

Page 2 of this form contains the relevant permission form.
Hartley Nature Preschool

ADMINISTRATION OF PRESCRIPTION MEDICATION
DURING THE PRESCHOOL DAY

Child’s Name____________________________ DOB _______ Expires: __________

Parents of children requesting that any medication be administered during preschool hours by HNP staff are requested to provide for HNP:

1) the physician’s order,
2) a parental signature, and
3) medication supplied in the original container with the child’s and medical provider’s names printed on the label.

**If possible, ask for prescription medication to be divided in two bottles completely labeled - one for home and one for preschool.

PHYSICIAN’S ORDER FOR ADMINISTRATION OF MEDICATION BY HNP PERSONNEL

I have prescribed the following medication for this child and request that dosages be given during preschool hours:

Medication_________________________________ Dose ________________

Time____________________ Route/Method (e.g. by mouth) ________________

For treatment of__________________ Possible side effects _______________________________

Special Instructions_________________________________________________________________

Last date to be given ___________________________ [Signature]

Other medications taken at this time ___________________________ [Signature]

Medication ALLERGIES ___________________________________________ [Signature]

Print physician’s name ___________________________________________ [Signature]

Physician signature ___________________________________________ Date_______ Phone ______________

PARENTAL REQUEST FOR ADMINISTRATION OF MEDICATION

I request this medication be given as prescribed and I give Hartley Nature Preschool staff the authority to communicate with the ordering physician about this medication. I release HNP personnel from any liability in the administration of this medication at HNP.

Please check appropriate spaces below:

[ ] Keep this medication at HNP [ ] Send this medication home each evening

Parent/Guardian signature__________________________________________________________

Date_________________ Home Phone __________________________ Work Phone ______________

To promote safety for your child, medication information may be shared with HNP staff and with 911 personnel, if they are called.