

**little Learning Academy**  
**MEDICATION PERMISSION SHEET**  
**to be completed by physician**

**Please refer to the Policy on Administering Medication as detailed in your Parent Handbook for details about this form and the required authorizations as per state licensing requirements.**

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

Medication: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Reason for medication: \_\_\_\_\_

Instructions for use: \_\_\_\_\_

\_\_\_\_\_

Dosage & Time: \_\_\_\_\_

Adverse reactions: \_\_\_\_\_

**I request the above medication be to administered to my patient as prescribed:**

Doctor Name: \_\_\_\_\_ Date: \_\_\_\_\_

Doctor Signature: \_\_\_\_\_

Clinic: \_\_\_\_\_ Phone: \_\_\_\_\_

Pharmacy: \_\_\_\_\_ Phone: \_\_\_\_\_

**little Learning Academy**  
**MEDICATION AND MEDICAL EQUIPMENT**  
**TRAINING AND CONSENT**  
**to be completed by parent/guardian**

**Please refer to the Policy on Administering Medication as detailed in your Parent Handbook for details about this form and the required authorizations as per state licensing requirements.**

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

Medication: \_\_\_\_\_

Medical Equipment: \_\_\_\_\_

By signing below, I am giving my consent for little Learning Academy to dispense medication to my child as instructed on the Medication Permission Sheet.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

By signing below, I acknowledge that an LLA staff member has been trained by me on the proper use of the above medical equipment as instructed by my child's physician.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_