



**Area Five Agency Head Start  
Physician's Request for Administration of Medication  
at Head Start**

Child's Name \_\_\_\_\_ Birth Date \_\_\_/\_\_\_/\_\_\_

Physical condition for which medication is given \_\_\_\_\_

\* Name of Medication \_\_\_\_\_

Dosage and method of administration \_\_\_\_\_

Possible reaction(s) that needs to be reported to physician: \_\_\_\_\_

Medication to be continued until : \_\_\_\_\_  
(date)

Physician's Signature \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

Physician's Address \_\_\_\_\_ Phone# \_\_\_\_\_

**\* The above medication may be given only by authorized Head Start Personnel.**

**Permiso de los Padres de Familia para Administración de Medicina**

Tengo entendido que el Centro de Area Cinco Head Start no esta obligado legalmente a administrar medicamento a mi hijo/a; por lo tanto, acepto liberar al Centro de Area Cinco y a sus empleados de cualquier problema o demanda que pudiera surgir fuera de estos acuerdos. Yo, siento el Padre/Guardián legal de:

\_\_\_\_\_, solicito que este medicamento sea administrado a mi hijo/a de acuerdo con la solicitud anterior por un empleado de Head Start. Notificare a Head Start si el medicamento es cambiado o suspendido. La medicina que se administre durante las horas de Head Start tiene que estar en la botella original que obtuvo de la farmacia o la oficina del doctor.

**Firma del Padre/Guardián Legal:** \_\_\_\_\_ **Fecha** \_\_\_/\_\_\_/\_\_\_

**Parent Release for Administration of Medicine**

It is understood that Area Five Agency Head Start is not legally obligated to administer medication to my child; therefore, I agree to hold Area Five Agency and its employees free from any or all suits which might arise out of these arrangements. I the undersigned, who is the parent/guardian of: \_\_\_\_\_, request that medication be administered to my child in accordance with the above request, by a member of the Head Start staff. I will notify Head Start if the medication is changed or stopped. The medication to be taken during Head Start hours will be furnished in its pharmacy-labeled bottle.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date** \_\_\_/\_\_\_/\_\_\_