



## Medical Permission

Dear Physician:

In order to comply with the State of Pennsylvania regulations\*, we ask that you complete the following form when prescribing medication for a child in your care who also attends one of our programs. Without the complete form, staff member/care – givers will be unable to administer any medication to the child. Thank you for your cooperation in the matter.

Sincerely,

Judy M. Burgess, Ph.D.  
The Learning Station

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

Physician's Name: \_\_\_\_\_

Physician's Phone: \_\_\_\_\_

Reason for Medication: \_\_\_\_\_

Instructions: \_\_\_\_\_  
\_\_\_\_\_

Side Effects or Cautions (if any): \_\_\_\_\_  
\_\_\_\_\_

Termination of Medication Period (Date): \_\_\_\_\_

Physician's Signature: \_\_\_\_\_

\* No medication of any type, for example, cough drops, vitamins, ear drops, aspergum, or cough syrup, shall be given to a child without a physicians current (period of time specified on the instructions) written instructions and written consent if the parent (s). "We will not administer the first does of a new medication or the first dosage out of a new bottle."