

MEDICINE AUTHORIZATION FORM

No medication shall be given by child care personnel without the signed permission of the parent or legal guardian. All medication must be in the original container with the child's name, name of the physician, medication name, and medication directions written on the label.

Non-prescription medication brought in by the parent of legal guardian can only be dispensed if there is written authorization from the parent or legal guardian to do so.

Medication which has expired or is no longer being administered shall be returned to the parent or legal guardian.

Child's Name: _____

Age: _____ DOB: _____

ALL MEDICINE MUST BE IN ITS ORIGINAL CONTAINER

Medication Name	Amount to be Given	Method (ex. oral)	Time(s) to be Given

Check with one applies:

- Over the counter medication
- Prescription medication (must be labeled with child's name, dosage directions, date, & prescribing physician's name and phone number)

Does your child meet the minimum age and/or weight for this medication as stated on label?

- YES NO (If no, a doctor's note with the proper dosage must accompany this form)

RECORD OF MEDICATION GIVEN

Date	Time	Amount Given	Teacher	Special Notes

This authorization form must be maintained and is only valid for the duration of the prescription.

I hereby give permission to dispense the medication listed above in accordance with the written directions on the prescription label, doctor's note, or printed manufacturer's label.

Parent/Guardian Signature

Date

(Retain in child's file for a minimum of 4 months)