



PERMISSION TO ADMINISTER MEDICATION

PARENT'S AUTHORIZATION

Form with fields: Name of Child to Receive Medicine, Name of Medication, Prescribing Physician, Prescription No., Expiration Date, Dosage, When to Give, Continue Medication Until (date)

Authorization must be provided for staff to administer prescription or over-the-counter medication to a child. Medication must be in its original container and labeled with your child's name and the date medication is left at the facility. Medication can only be administered in amounts according to the label directions.

Signature-Parent or Guardian

Date

TEACHER'S RECORD OF ADMINISTERING MEDICATION

Table with 6 columns: CHILD'S NAME, NAME OF MEDICATION, DATE GIVEN, TIME GIVEN, AMOUNT GIVEN, FULL NAME OF TEACHER OR EMPLOYEE

Disposition of Left-over Medication
Returned to Child's Parent/Guardian
Thrown Away
Date: