MEDICATION AUTHORIZATION

Name of Child: _____ Date: _____

Prescription medication shall be in in the original container and labeled with the child's name, instructions, including times and amounts for dosages, and the physician's name. All non-prescription medication shall be in the original container and labelled by the parent(s)/guardian(s) with the child's name and instructions for administration including times and amounts for doses. A separate form is needed for each mediation. This form is valid only for the dates indicated below.

I authorize Shirlee Green Preschool personnel to administer the following medication to my child:

_____ _____

Complete Name of Medication Date Medication to be Taken From - Until

_____ _____ _____

Dosage Time of Day to be Administered Parent/Guardian Signature

_____

Possible Side Effects

Name of Physician: _____

Physician Phone: _____

Physician Signature (for nonprescription medication): _____ Date: _____

Medication Name	Dosage & Mode	Time	Staff Name	Date