



AUTHORIZATION TO ADMINISTER MEDICATION

Dear Parent,

The center will not give medication to your child without your written permission. Any prescription drug sent to the center must be in its original container and clearly labeled with your child's name, the name of the drug, and directions for administering the drug. If it is absolutely necessary for your child to be given medication, please complete the following information.

1. Child 's name _____

2. Name of medication _____

3. Time of last dosage at home _____

3. Time(s) of dosage(s) to be given at school _____

5. Amount of medication to be given with each dose _____

Signature of parent or guardian _____

Date _____

Today Only This Week As Needed

To be completed by preschool staff:

Date and time medication given _____

Administered by _____