

KIDS HARBOR LEARNING CENTER

MEDICAL AUTHORIZATION FORM - PRESCRIPTION MEDICINE



No medication shall be given by childcare 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. Medication which has expired or that is no longer being administered shall be returned to the parent or legal guardian.

Child's Name: _____ **Age:** _____ **DOB:** _____

Medication Name: _____

Amount to be given: _____

Time to be Given: _____

Medication Name: _____

Amount to be given: _____

Time to be Given: _____

RECORD OF MEDICATION GIVEN

Medication Name: _____

DATE	TIME	AMOUNT GIVEN	EMPLOYEE NAME / INITIALS
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Medication Name: _____

DATE	TIME	AMOUNT GIVEN	EMPLOYEE NAME / INITIALS
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

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

Parent / Guardian Signature

Date

(Retain in Child's File for a minimum of four months)