



**Distribution**  
 • Front Desk Forms

### Medication Authorization

All long and short term medications must be current, in its original container and labeled with the child's full name. Over the counter medication must be accompanied by written authorization from the child's physician indicating dosage. Follow state guidelines for new authorization. If guidelines are not stipulated for short term medications, all authorizations must be updated every 2 weeks. If guidelines are not stipulated for long-term medications, all authorizations must be updated every six months.

Child's Full Name: \_\_\_\_\_ D.O.B. \_\_\_/\_\_\_/\_\_\_

Classroom: \_\_\_\_\_

Name of Medication: \_\_\_\_\_

Prescription #: \_\_\_\_\_

Expiration Date: \_\_\_/\_\_\_/\_\_\_

Physician Name \_\_\_\_\_

Phone # \_\_\_\_\_

Dates: Start \_\_\_/\_\_\_/\_\_\_

End \_\_\_/\_\_\_/\_\_\_

Dispense medication at: 11 am 3 pm

Dosage Amount: \_\_\_\_\_

Does medication require refrigeration?  Yes  No

\_\_\_\_\_  
 Parent/Guardian Signature

\_\_\_/\_\_\_/\_\_\_  
 Date

\_\_\_\_\_  
 Authorized Person's Signature

\_\_\_/\_\_\_/\_\_\_  
 Date

**Center Use Only:**

### Record of Dispensation

Date	Time	Dosage	*Adverse Reactions	Administered By (Full Signature)

\*If noticeable adverse reaction to medication occurs, parents must be notified.

Disposal of Leftover Medication:

Returned to Child's Parent/Guardian

Date: \_\_\_/\_\_\_/\_\_\_

\_\_\_\_\_  
 Authorized Person's Signature

\_\_\_/\_\_\_/\_\_\_  
 Date