Medication Administration in School or Child Care

following medication	Child's Name	at	
to my child, according to the heal	Name of Medicine and Dosage lth care provider's signed instruct	ions on the lower part of the	his form.
0 0	ister medication prescribed by	-	ovider.
	ponsibility to furnish the medion opick up expired or unused me		of notification by
staff.	pick up expired of unused me	dication within one week	of notification by
Prescription Medications must	t come in a container labeled wit	n: child's name, name of m	edicine, time
	, and date medicine is to be stopp		re provide/s name.
	ber must also be included on the		. 1 .1
	lication must be labeled with chi tion below and medicine must be	_	=
neutri care provider s'admoraza	ison sets with medicine must se	packagea in original con-	
By signing this document, I give administration of this medication	•	1	
Parent/Legal Guardian's Name	Parent/Legal Guardia	nn's Signature Da	ate
Work Phone	Home Phone	Cell Phone	
*********	********	********	*******
Health Care Provider	Authorization to Administer M	Aedication in School or C	Child Care
Child's Name:		Date of Birth:	
Medication:			
Dosage:		Route:	
To be given at the following time	e(s):		
Special Instructions:			
Purpose of medication:			
Side effects that need to be report	ted:		
Starting Date:	Endir	g Date:	
Signature of Health Care Provide	er with Prescriptive Authority	License Number	
	Date		

<u>Please ask the pharmacist for a separate medicine bottle to keep at school/child care.</u>

<u>Thank you!</u>