



Medication Authorization*

Parent or Guardian completes an individual form for each medication. Teachers will not administer any medication without a completed form. The name on the medication bottle must match the name of medication listed on this form. Teachers may administer medication to the child named on this form only. A specific date (or date range) and time of administration must be clearly indicated. University Children's Learning Center teacher cannot administer medication on an "as needed" basis.

Child's Name: _____

Name of Medication: _____ Prescription or Over-the-Counter: _____

Reason for medication: _____

Date(s) to administer Medication: _____

Amount to administer: _____

Specific Time of administration: _____

Storage instructions: Room Temperature or Refrigerate: _____

Special Instructions:

Possible Side Effects:

Parent/Guardian Signature

Date

Date & Time	Who Administered

*Use of an Epi Pen requires the completion of a Health Care Plan, not a medication form