

**Medical Authorization Form**

**Medication Type: \_\_Prescription \_\_Non-Prescription**

**Child’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth:\_\_\_\_\_\_\_\_\_\_**

All Medication must be provided in the original container, labeled with the child’s full name. Where applicable, the implement for proper measurement must be provided and labeled with child’s full name. If not provided, medication cannot be administer. Non-prescription medications must be designated for use of children on the label.

I hereby authorize the Highlands Recreation District Early Education Center staff to administer the following medications to my child.

**Prescription Medications:** Must have a current pharmacist’s unaltered label that includes the child’s full name, dosage, current date, times to administered and name and telephone number of the medical provider. The instructions from the parent/guardian shall not conflict with the label directions as prescribed by the child’s medical provider.

**Non-prescription Medication:** with written authorization from the parent/guardian can be administered according to the manufacturer’s instructions. Written authorization from the child’s medical provider is required for any deviator in manufactures’ instructions.

Medication:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Administration Route:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason for Medication: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Medication Storage:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Times of Administrations \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

Start Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ End Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Side Effects:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_h

Parent/Guardian Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_h