MEDICATION AUTHORIZATION

PNC Grow Up Great Preschool 2019/2020

Fully complete and return this form to the Member Service Desk

Only prescription medicine (no over the counter medication) will be administered. If your child needs to take medication during program hours, a Medication Authorization must be completed. The Medication Authorization form includes space for the staff to record the administration of the medicine. Do not send medications with the child. Medicine must be handed to a staff member by the parent. All medications will be kept by the staff in a locked medicine box. Children are not permitted to keep medications in their possession.

PRESCRIPTION MEDICINE MUST BE IN THE ORIGINAL CONTAINER AND LABELED WITH THE CHILD'S NAME, INSTRUCTIONS, INCLUDING TIMES AND AMOUNTS FOR DOSAGES AND THE PHYSICIAN'S NAME

Child's Personal Information – One Child Per Form

Child's Name	Gender	Age	Birthday (MM/DD/YYYY)

Home Address	Home Telephone	Guardian w/ whom Child Resides

Date Medication Taken From (MM/DD/YYYY) – To (MM/DD/YYYY)

Dosage	Administrations Time(s)

Possible Side Effects

Parent/Guardian Signature: _____ Date: _____

Record of Administration

Staff Name	Date	Medication Name	Dosage	Time

For Staff Use Only:

Date Received ____/____/_____

Initials _____