Medication Authorization
Authorization for Prescription and Non-Prescription Medication

1. All medication MUST be in the original container with the child's name, name of physician, name of medication, and dispensing directions.
2. *Only* parents or legal guardians can give permission to dispense medication.
3. Medication authorization form must be filled out completely and sign be by the legal guardian or parent.
4. Forms must be updated daily with parent or legal guardians initials. Or the meds will not be given.
5. All forms will expire on the Friday for the week it was written. All medications will be sent home on Fridays. New forms will need to be filled out on Monday.
6. Medication can only be given for the time authorized by the doctor or recommended by the manufacturer.

FTLC can refuse to administer any medication for any reason.

Child's Name: _____ Age: _____

Name of Medication: _____

Physician's Name: _____

Expiration date of Medication: _____ Date prescription was filled: _____

Last date of medication will be given: _____

Amount to be given: _____

I, _____, give Family Tree Learning Center staff permission to dispense the above medication in accordance with the written directions. I understand medications can only be dispensed according to doctor or manufacturer directions. I verify that the above directions are those given by the doctor or manufacturer. In the event they are not, I understand FTLC will not give the medication. I have provided FTLC staff with training on how to administer the medication.

_____ _____

Parent's signature Date

Date	Last time given	Time to be given	Parent Initials	Given By	Given at	Amount Given