



# AUTHORIZATION FOR DISPENSATION OF MEDICATION

Center: \_\_\_\_\_

Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Medication shall be administered from: \_\_\_\_/\_\_\_\_/\_\_\_\_ to: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name Of Medication: \_\_\_\_\_

Condition for which medication is being administered: \_\_\_\_\_

## INSTRUCTIONS FOR USE OF MEDICATION

**1.** The above listed medication must be given at Mi Escuelita Preschool at:

\_\_\_\_\_ am/pm, \_\_\_\_\_ am/pm, and \_\_\_\_\_ am/pm **or** circle if **"AS NEEDED"**.

**2.** A single dosage is \_\_\_\_\_.

*[Tablet, Teaspoon(tsp), Tablespoon(tbsp.), EpiPen, Injection, Capsule, Vial-nebulizer, Puffs- inhaler, etc.]*

**3.** If medication is prescribed **"AS NEEDED"** please state which symptoms need to be present to administer: \_\_\_\_\_.

Doctor Name, Address and Telephone \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Note: If medication is prescribed for more than 10 days doctor's signature is required on this form NO EXCEPTIONS. School staff cannot make changes to dosage or symptoms to administer, without physician written approval, or allow children to be present without medication on site. Prescription and non-prescription medication must be delivered to school in its original container. The container must be properly labeled by a pharmacist or the prescribing physician to match the information above in order for staff to administer medication. Form must be filled out entirely.

Parents signatures and date authorizing dispensation of medication at the center:

Parents Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Physicians Signature: \_\_\_\_\_ Date: \_\_\_\_\_