

Authorization for Medication

Child's Full Name: _____

Name of Medication: _____

Prescription Number: _____

Time Medication is to be given: _____

Amount of Medication to be given: _____

Dates to be given: _____

Signature of Parent/Guardian

Date

FOR CENTER USE ONLY

Date	Time Given	Amount	Any Adverse Reactions	Administered By

Medication forms are only to be used two weeks at a time. The state requires that ALL lines be filled in and specific information must be given. Terms such as "as needed" will cause us to be cited by Bright From the Start. An entry for each date must be made even if the child was absent for the day.

Avant Learning Academy does not give over the counter medication.

Noticeable adverse reaction to medication what action was taken? Describe.

