## **Authorization to Administer Prescription and Non-Prescription Medications**

This form must be completed prior to the administration of any medication (prescription or non-prescription.)

Prescription medication will be administered in accordance with the printed label. The medication must be in the original container and labeled with the child's name and date.

Non-prescription medication will be administered in accordance with the manufacturer's written instructions on the bottle. If there are no instructions, the school may administer the non-prescription medication in accordance with the written, dated and signed instructions from the child's parent and/or the child's licensed health practitioner.

## Parent's Authorization

dication to my child:	DOB:					
Name of Medication	Amount	Times	Date - From	Date - To		
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## **Green Valley School Record of Medication**

(to be completed by child care personnel for all medication administered)

Medication	Amt	Time	Date	Initials	Medication	Amt	Time	Date	Initi
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