

Learning Center Administration of Medication

Medication Type:
Prescription

Non-Prescription

Topical Ointment

I _____ authorize the Learning Center to administer the following medication to my child, _____:

~I understand that prescription medications must have a written order from the physician which may include the medication label.

~I understand that with any medication the learning center can only distribute the amount suggested on the label.

~I understand that non-prescription medication does need clear written instruction for my child and that if it is needed on an on-going basis

~I understand that non-prescription medication cannot be given to my child if the label requires a physician's note when the child is below an age or weight.

~I understand that all medications must be in the original containers.

I understand that medications of any kind cannot be distributed using bottles, drinks, or food.

~I agree to hold harmless the Learning Center and their agents against all claims as a result of any or all acts performed under this authority.

Medication: _____ Dosage: _____

Reason for medication: _____ Proper Storage: _____

Possible side effects: _____

Start and end date: _____

Physician's name: _____ Physician's Number: _____

Date: _____ Parent Signature: _____

Medication	Dosage	Time	Date	Signature