



Medication and Diaper Cream Authorization

CHILD'S NAME: _____

PRESCRIPTION

NON-PRESCRIPTION

NAME OF MEDICATION or DIAPER CREAM _____

TIME TO BE GIVEN or APPLIED AT SCHOOL _____

AMOUNT OF DOSAGE _____

Prescription and non-prescription medication brought to school must be in the original container.

Prescription medication must have a label stating the name and contact information of the physician, child's name, name of the medication and medication directions.

We cannot administer nebulizer treatments at this time.

Signed - Parent 1

Date

Signed - Parent 2

Date