



AUTHORIZATION FORM FOR PRESCRIPTION MEDICATION, NON-PRESCRIPTION MEDICATION & DIAPER CREAM

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 must be brought to school in its original container.

Prescription & non-prescription medication (with the exception of diaper cream) 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.

Parents Name

Parent's Signature

Date

