

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

CHILD'S NAME:	
PRESCRIPTION \(\Boxed{1}\)	ON-PRESCRIPTION □
NAME OF MEDICATION or DIAPER (CREAM
TIME TO BE GIVEN or APPLIED AT SO	CHOOL
AMOUNT OF DOSAGE	
Prescription and non-prescription med original container.	dication must be brought to school in its
• • •	cation (with the exception of diaper cream) d contact information of the physician, child's dication directions.
We cannot administer nebulizer treati	ments.
Parents Name	
Parent's Signature	 Date



MEDICATION PERMISSION FORM

Directions: Parents, please only fill out the top section. The Medication Log is for staff only. You DO NOT have to fill out this form if you are authorizing the use of diaper cream ONLY.

Start Date:	End Date:
Name of Child:	
Name of Medicine:	
Time to be given here at school:	
Amount of Dosage:	
Signature of Parent:	

A separate medication permission form must be signed for each medication. No medicine will be given here at the Beth El Early Learning Center that is not in the original prescription bottle. The label must be dated, and is to have the name of the child, name of medicine, the dosage, and the name of the doctor.

It is the responsibility of the parent/guardian to ask the teacher for the medicine when the child is picked up. Parents – please do not depend on them to remember to give it back to you.

DO NOT send over-the-counter medicine without a doctor's prescription (this includes cough syrups and aspirin/Tylenol/Motrin). We cannot give it without a doctor's prescription. It is recommended that medication permission forms be updated weekly.

MEDICATION LOG								
NAME	MEDICATION	DATE	TIME	METHOD	AMOUNT OF DOSAGE	INITIAL OF PERSON GIVING MEDICATION		