

Medication Authorization Form

LSNC Preschool Programs



Please fill out this form if you are leaving prescription or over the counter medication at LSNC to be administered by staff. If your child takes multiple medications, more than one Medication Authorization Form may be required. All medications must be in the original container, labeled with the child's name, and placed in a labeled ziplock bag. All medications must be kept in a First Aid backpack.

Child's Name _____

Parent/Guardian's Name _____

Parent/Guardian's Phone Number(s) _____

Diagnosis _____

Name of Prescribing Physician _____

Name of Drug(s) _____ Dose _____

Time(s) of administration _____

Other Information _____

Statement of Authorization:

I hereby request that my child be administered the above listed medication(s) by the Leslie Science & Nature Center Staff. I understand that the medications, provided by me in their original container, will be administered as directed above. Any changes in administration will require my written authorization.

Signature of Parent or Guardian _____ Date _____

Please Print Name _____

For Office Use

Dosage: _____ Time: _____ Date: _____ Staff Init.: _____

Dosage: _____ Time: _____ Date: _____ Staff Init.: _____

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