



## Authorization for Administration of Medicine

The following section must **always** be completed by the parent/caregiver.

**Check all that apply :**

- Prescription medication                       Refrigeration required  
 Nonprescription medication                       Cream/Lotion

**Complete all of the following information :**

I authorize teacher \_\_\_\_\_ to administer this medicine.

Name of child \_\_\_\_\_ Class \_\_\_\_\_

Name of medication \_\_\_\_\_ Exact dosage \_\_\_\_\_

For the following administer period \_\_\_\_\_

To be administered at the following time \_\_\_\_\_

\_\_\_\_\_  
Parent's/Guardian's signature

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date