



## Medication Authorization Form

Child's Name: _____	Date of Birth/Age: _____
Name of Medication: _____	Reason for Medication: _____
Start Date: _____	Stop Date: _____
Times to be given: (*Can NOT be given "as needed") _____	Amount to be given: _____
Possible Side Effects: _____	<input type="checkbox"/> Oral <input type="checkbox"/> Topical <input type="checkbox"/> Other
<input type="checkbox"/> Above information consistent with label?	Requires Refrigeration: <input type="checkbox"/> yes <input type="checkbox"/> no
Special Instructions: _____ _____ _____	

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Daytime Phone Number

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Physician Phone Number

PARENT'S REQUEST

I/We the undersigned, who is/are the parent/guardian of \_\_\_\_\_ request that medicine be administered to the said child by a designated member of the Petite Academy, in accordance with the instructions outlined above and signed by our physician. It is to be given at:

\_\_\_\_\_ (time) with the following special instructions

In agreeing to have Petite Academy staff administer our son/daughter's medication, I voluntarily agree to release, discharge, and hold harmless Petite Academy and its officers, agents, and employees for any and all claims of liability arising out of their negligence, recklessness or any other act or omission which causes our child's illness, injury, death, and damages of any nature in any way connected with the administration of our child's medication.

I understand the major responsibility for a child taking medication rests with the child and his/her parents/guardian, and we are required to personally bring the medication to the Petite Academy program.

\_\_\_\_\_  
Parent/Guardian Signature      Date      Day Time Phone

Emergency Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

### Medication Record

(Must be filled out by the person who gives the medication)

Child's Name:

Name of Medication:

Date	Time	Dosage	Initials	Reason NOT Given	Side Effects Observed

Initials and signatures of persons giving medication:

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