



Kingdom Kids Day Care and Academy Prescription and Non-Prescription Medication Authorization Form

No medication shall be given by childcare personnel without the signed permission of the parent or legal guardian. All medication must be in the original container with the child's name, name of the physician, medication name, and medication directions written on the label.

Non-prescription medication brought in by the parent or legal guardian can only be dispensed if there is written authorization from the parent or legal guardian to do so. All non-prescription medication must be in the original container with manufactures label.

Medication which has expired or is no longer being administered shall be returned to the parent or legal guardian.

This authorization form must be maintained and is only valid for the duration of the prescription or printed manufactures recommended time period. More than that time period will require another authorization form filled out and Doctors note.

Childs Name: _____

Medication Name: _____

Reason for Medication: _____

Prescribing Physician: _____ Prescription No: _____

Amount to be given: _____ Time to be given: _____

Start date: _____ End Date: _____

I, _____ authorize Kingdom Kids Day Care and Academy personnel to administer the medication named above in accordance with the written directions or the prescription label or the printed manufactures label. I release any liability in relation to the administration of this medication. I also acknowledge that I, the parent/guardian, have given the first dose of this medication without any allergic or unexpected reactions.

Parent/ Guardian Signature

Date

