Our Lady of the Assumption Preschool

Authorization to Administer Medication

_____

Child's Full Name

Name of Medication Dose Prescription Number

_____

Date(s) Medication is to be Given_____

Signed_____ Date_____

All medication must be in original packaging and labeled with the child's name.

	Date	Time given	Amount	Administered by	Adverse Reactions
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____

If noticeable adverse reaction to medication, what action was taken? Describe.

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