

# MEDICATION AUTHORIZATION & LOG

Child's name: \_\_\_\_\_

Name of Medication: \_\_\_\_\_

Dosage: \_\_\_\_\_ Time: \_\_\_\_\_ Dates: \_\_\_\_\_

I hereby request the staff to administrate the above medication to my children. I understand that all mediations must be in the original container, labeled with the child's name with directions to administer the medication. Prescribed medication must also include the date and name of physician. By signing below I release the school and its staff from all liability for reactions which my child may suffer from this medication. Possible reactions which staff should be aware might include:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

School Staff:

DATE            MEDICATION AMOUNT            SIGNATURE            TIME

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
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