



### **Authorization for Medication Administration Form Directions:**

The Centreville Preschool staff is committed to caring for many students' health needs. Parents/Guardians are advised to give medication at home whenever possible. If it is necessary that a medication be given during school hours the following regulations must be followed. Attached is the form we have provided for you or your physician to fill in the necessary information we need. Please complete this form and send it to the school. Be sure to keep emergency contact phone numbers and information up-to-date so that we can reach you if your child is ill or injured.

Over-the-counter medication (such as Tylenol) must be brought to school in the original container with the appropriate label intact, and given to the teacher/clerk. It must be accompanied by a signed and dated note or form from the parent regarding how much medicine to administer. Otherwise medication will be given according to the amount listed on the package for your child's age and weight. Any over-the-counter medications that will be kept at the school for a period longer than 10 days must be accompanied by written instructions from your physician.

For the teacher/clerk to administer any prescription medications, written instructions from the physician must accompany the medication. These should include:

- Student's name.
- Name and purpose of medicine.
- Dosage and time of administration.
- Possible side effects and actions to take if those occur.
- End date for administering the medication.
- Parent signature gives permission to administer medicine and to contact the physician if necessary.
- Physician's signature.

All prescription medicine must be in the original pharmacy bottle with proper label containing the student's name, medication, dosage and instructions for administration. If you ask, the pharmacist will give you an extra bottle for liquid or tablets with the proper amount of medicine for school. All medications will be kept in a locked medicine box out of reach from children.

Centreville Preschool, Inc.  
13916 Braddock Road,  
Centreville, VA 20120  
703-830-5656



## Authorization for Medication Administration Signature Form

### Parent/Guardian Section

Student's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Teacher/Class: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Over-the-counter Medications

Name of medication: \_\_\_\_\_

Dosage: \_\_\_\_\_ Length of Time: \_\_\_\_\_ Time of Day: \_\_\_\_\_

Side effects: \_\_\_\_\_

**\*Physician's Signature:** \_\_\_\_\_

(For medication to be kept at school for ten days or more)

### Physician Section

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

Reason medication is needed, unless confidential:  
\_\_\_\_\_

Dosage: \_\_\_\_\_ Length of Time: \_\_\_\_\_ Time of Day: \_\_\_\_\_

**\*Physician's Signature:** \_\_\_\_\_ Date: \_\_\_\_\_

Physician's Phone: ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_\_

Physician's Address: \_\_\_\_\_

**Received by:** \_\_\_\_\_

Date: \_\_\_\_\_

**Distribution: original to be kept with medication. Copy to student's health records.**

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