



### **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. A parent must fill out Section A of the Medication Authorization Form with dosing instructions. Otherwise medication will be given according to the amount listed on the package for your child's age and weight. For any over-the-counter medications that will be kept at the school for a period longer than 10 days, Section B of the Medication Authorization Form must be completed and signed by the child's physician. This form will be attached to the medication.

For the teacher/clerk to administer any prescription medications, a parent must complete Section A of the Medication Authorization Form. For any prescription medications that will be kept at the school for a period longer than 10 days, Section B of the Medication Authorization Form must be completed and signed by the child's physician. This form will be attached to the medication.

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 of children.



## Medication Authorization Form

For Prescription and Non-prescription Medications

### Instructions:

- **Section A** must be completed by the parent/guardian for **ALL** medication authorizations.
- **Section A and B** must be completed for any **long-term medication authorizations** (those lasting longer than 10 working days).

### Section A: To be completed by parent/guardian

Medication authorization for: \_\_\_\_\_  
*(Child's Name)*

Centreville Preschool, Inc. has my permission to administer the following medication:

Medication name: \_\_\_\_\_

Dosage and times to be administered: \_\_\_\_\_

Special instructions (if any): \_\_\_\_\_  
\_\_\_\_\_

This authorization is effective from: \_\_\_\_\_ until: \_\_\_\_\_  
*(Start Date)* *(End Date)*

Parent's or Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Section B: To be completed by child's physician

I, \_\_\_\_\_ certify that it is medically necessary for the medication(s) listed  
*(Name of Physician)*

below to be administered to: \_\_\_\_\_ for a duration that exceeds 10 work days.  
*(Child's name)*

Medication(s): \_\_\_\_\_

Dosage and Times to be administered: \_\_\_\_\_

Special instructions (if any): \_\_\_\_\_  
\_\_\_\_\_

This authorization is effective from: \_\_\_\_\_ until: \_\_\_\_\_  
*(Start date)* *(End date)*

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

Physician's phone: \_\_\_\_\_