



# Centreville Preschool, Inc

13916 Braddock Road Centreville, VA 20120 Phone: 703-830-5656

[www.centrevillepreschool.com](http://www.centrevillepreschool.com)

## Medication Authorization Form

For Prescription and Non-prescription Medications (please complete a separate form for each medication)

The Centreville Preschool staff is committed to caring for our 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. Please complete this form and submit it with the medication. 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 your child's teacher or an appropriate staff member. A parent must fill out Section A of the Medication Authorization Form with dosing instructions.

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 also be completed and signed by the child's physician. This form will be attached to the medication.

For a staff member 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

- **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***

**Child's First and Last Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Child's Known Allergies:** \_\_\_\_\_

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

**Medication** name (including strength): \_\_\_\_\_

**Dosage** to be given: \_\_\_\_\_ **Route** of administration: \_\_\_\_\_

**Frequency** of administration: \_\_\_\_\_ **OR**

Identify the **symptoms** that necessitate administration of medication (signs and symptoms must be observable and when possible, measurable parameters): \_\_\_\_\_

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



# Centreville Preschool, Inc

13916 Braddock Road Centreville, VA 20120 Phone: 703-830-5656

[www.centrevillepreschool.com](http://www.centrevillepreschool.com)

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

Parent or Guardian name (please print): \_\_\_\_\_

Parent or Guardian 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 working days.  
(Child's name)

Medication name (including strength): \_\_\_\_\_

Dosage to be given: \_\_\_\_\_ Route of administration: \_\_\_\_\_

Frequency of administration: \_\_\_\_\_ **OR**

Identify the **symptoms** that necessitate administration of medication (signs and symptoms must be observable and when possible, measurable parameters): \_\_\_\_\_

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

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Physician phone number: \_\_\_\_\_

School Use Only:
Received by: _____
Reviewed by: _____
Date: _____