



Minnieland Private Day School, Inc.

AUTHORIZATION TO ADMINISTER MEDICATION

Child's Name _____ Date _____
Class _____ Teacher _____ Child's Age _____

- Medication will only be administered by an employee certified in medication administration. If there is no employee certified in medication administration present, medicine will not be administered.
- The Authorization to Administer Medication form must be signed by the parent.
- Medication will be administered in accordance with the written consent for each separate medicine.
- Medication must be in the original container with the prescription label attached and must include the child's name, name of medication, the dosage amount and to be given at approximately 11:00 AM and/or 3:00 PM.
- Medications are to be given at approximately 11:00 AM and/or 3:00 PM only, and for a maximum duration of 10 working days, unless the child suffers from a federally protected disabling condition (requires completion of IHP & Asthma Companion Medication Authorization form).
- Medication left at the school past its authorization date will be discarded. Expired medication will also be discarded.

Reason the child is taking the medication: _____

Medication Name : _____ Expiration Date of Medication _____

Dosage to be given: _____ Route: _____

Circle time(s) of administration: 11:00 AM 3:00 PM

This authorization is effective until: _____ *(Please write in date)*

Special Instructions : _____

Minnieland Private Day School has my permission to administer the medication listed above to my child.

Parent /Guardian Signature: _____ Date _____