

# PHUMC PRESCHOOL

4700 Paradise Blvd., NW  
Albuquerque, NM 87114  
Phone: 899-0956

## Authorization to Administer Medication Non-Prescription Medication

If possible, all medications should be given at home. However, if it is necessary for your child to receive a non-prescription medication during the school day, the approval and specific directions must be provided to the school. A separate form is required for each medication.

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name of Medication \_\_\_\_\_ Expiration Date \_\_\_\_\_

Dosage to be administered: \_\_\_\_\_

Time to be administered: \_\_\_\_\_

Dates medication is to be administered: Begin \_\_\_\_\_ End \_\_\_\_\_

Is child taking any other medications: Yes / No

If yes, name of medication(s) \_\_\_\_\_

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Parent/Guardian's Statement:

- ◆ I, the undersigned parent/guardian of the above named child, hereby request the staff of PHUMC Preschool to administer the above medication according to the physician's instructions.
- ◆ I agree to furnish the necessary prescribed medication in the properly labeled container, to provide replacement medication as necessary and to notify the preschool staff if the physician or prescription medication is changed.
- ◆ I release the staff from any liability resulting from the administration of the listed medication.

Parent/Guardian's Signature

Date

### MEDICATION LOG

Name of Medication	Dosage Given	Date	Time	Administered By: