

PHUMC PRESCHOOL

4700 Paradise Blvd., NW

Albuquerque, NM 87114

Phone: 899-0956

Authorization to Administer Medication Prescription Medication

If possible, all medications should be given at home. However, if your child's physician decides it is necessary for your child to receive a 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 _____

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Physician's Statement:

I have determined that _____ may require medication during school hours.

Name of Medication: _____

Dosage & Instructions: _____

Possible Side Effects: _____

Physician's Name (Print) _____ Physician's Signature _____

Phone Number _____ Date _____

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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

Child's Name

Name of Medication	Dosage Given	Date	Time	Administered By: