



VILLAGE  
EXTENDED DAY SERVICES

## Authorization for Medication

No Medication is to be given by child care personnel without the signed permission of the parent/guardian. All medication must be in the original container with the child name, name of physician, medication name and medication directions written on the label. Over the counter medicines that use a phrase like "Under age 6, consult your physician" will require a doctor's authorization if your child falls within that age bracket.

Child's First & Last Name: \_\_\_\_\_ Class: \_\_\_\_\_

Medication Name & Strength (e.g., 5mg): \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Dosage: \_\_\_\_\_

Date(s) to be administered: \_\_\_\_\_ Time: \_\_\_\_\_

Name of Prescribing Health Care Provider: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

<u>Date</u>	<u>Time</u>	<u>Dosage</u>	<u>Employee</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_