



Child's Name	Date
Name of Medicine	Prescription #
Dosage	Expiration Date

Enter dates medicine is to be administered

DAY	DATE	AMOUNT RECEIVED	AMOUNT RETURNED	PARENT INITIALS
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				

List route to be administered (how to give or apply, such as give by mouth, apply to skin, inhale, drop in eyes, etc.)

Does medication need to be refrigerated? Yes No

No medication shall be given to any child, while in the care of The Academy, unless this form is completed **and** signed by the parent or legal guardian. Medication will only be given once a day by the Administration of The Academy (at 11:30) and only one medication per child will be given. There are no exceptions to this rule unless approved by The Academy's Director. The Academy will not administer any over-the-counter medications unless there is a written prescription by the physician. All medications **must** be taken home at the end of each day.

I authorize The Academy to administer medication to my child according to the instructions listed above. I release the school and any school employee from any liability for administering this medication. I have read the above policies concerning medication administration and agree to follow them.

Signature (Parent/Guardian): _____ Date: _____

Signature (Facility Administrator): _____ Date: _____

FOR OFFICE USE ONLY

Date	Time	Dosage Amount	Staff Signature	Adverse Reaction