

**Authorization for Medication**

Child's Full Name: \_\_\_\_\_

Name of Medication: \_\_\_\_\_

Prescription Number: \_\_\_\_\_

Time Medication is to be given: \_\_\_\_\_

Amount of Medication to be given: \_\_\_\_\_

Dates to be given: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

**FOR CENTER USE ONLY**

Date	Time Given	Amount	Any Adverse Reactions	Administered By

*Medication forms are only to be used two weeks at a time. The state requires that ALL lines be filled in and specific information must be given. Terms such as "as needed" will cause us to be cited by Bright From the Start. An entry for each date must be made even if the child was absent for the day.*

*The Learning Treehouse does not give over the counter medication.*

**Noticeable adverse reaction to medication what action was taken? Describe.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_