



4341 Teravista Club Dr.
 Round Rock, TX 78634
 Phone: 512-310-1120
 Fax: 512-716-3990

Medication Authorization

All long and short-term medications must be current, in its original container and labeled with the child's full name. Over the counter medication must be accompanied by written authorization from the child's physician indicating dosage. Follow state guidelines for new authorization. If guidelines are not stipulated for short term medications, all authorizations must be updated every 2 weeks. If guidelines are not stipulated for long-term medications, all authorizations must be updated every six months.

Child's Full Name: _____ D.O.B. ___/___/___

Classroom: _____

Name of Medication: _____

Prescription #: _____ Expiration Date: ___/___/___

Physician Name _____ Phone # _____

Physician's Signature _____ Date: ___/___/___

Dates: Start ___/___/___ End ___/___/___

Dispense medication at: _____ am _____ pm Dosage Amount: _____

Does medication require refrigeration? Yes No

 Parent/Guardian Signature _____ Date ___/___/___

 Authorized Person's Signature _____ Date ___/___/___

Center Use Only:

Record of Dispensation

Date	Time	Dosage	*Adverse Reactions	Administered By (Full Signature)

*If noticeable adverse reaction to medication occurs, parents must be notified.

Disposal of Leftover Medication:

Returned to Child's Parent/Guardian

Date: ___/___/___

 Authorized Person's Signature _____ Date ___/___/___