

# Lake Dow Children's Academy

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## Authorization for Medication

Child's name: \_\_\_\_\_

Name of medication: \_\_\_\_\_

Prescription number: \_\_\_\_\_

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

(List specific times, cannot be "as needed" or "every 4 hours")

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

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

(Not to exceed two weeks without a physician's statement)

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

\_\_\_\_\_  
Date

### FOR CENTER USE ONLY

|     | <u>DATE</u> | <u>TIME GIVEN</u> | <u>AMOUNT</u> | <u>ANY ADVERSE REACTIONS</u> | <u>ADMINISTERED BY</u> |
|-----|-------------|-------------------|---------------|------------------------------|------------------------|
| 1.  | _____       | _____             | _____         | _____                        | _____                  |
| 2.  | _____       | _____             | _____         | _____                        | _____                  |
| 3.  | _____       | _____             | _____         | _____                        | _____                  |
| 4.  | _____       | _____             | _____         | _____                        | _____                  |
| 5.  | _____       | _____             | _____         | _____                        | _____                  |
| 6.  | _____       | _____             | _____         | _____                        | _____                  |
| 7.  | _____       | _____             | _____         | _____                        | _____                  |
| 8.  | _____       | _____             | _____         | _____                        | _____                  |
| 9.  | _____       | _____             | _____         | _____                        | _____                  |
| 10. | _____       | _____             | _____         | _____                        | _____                  |

If there was a noticeable adverse reaction to the medication, please describe: \_\_\_\_\_

\_\_\_\_\_