

Park Avenue Pre-School Medication Authorization Form

No medication shall be given by day care personnel without the signed permission of parent or guardian. Please complete this form.

Child's Name: _____ Today's Date: _____

Name of Medication: _____ Refrigeration Required: Circle One Y or N

Emergency Contact if Needed: _____

Parent/Guardian Signature _____ Date: _____
Name Phone Number

Date & Time Given: _____ Amount Given: _____ Staff Initials _____

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