

**FUMC DAY SCHOOL**  
**Authorization to Administer Medication**

In accordance with Texas Childcare licensing, this form must be completed by the parent/guardian prior to the administration of any medication. Prescription medications must be administered according to the printed prescription label, which must be attached to the original container. The label must include child's name, date prescription was filled, licensed prescriber's name, expiration of medication or the period of use, the medication name, strength, dose, administration instructions and storage instructions. Non-prescription medication (OTC) must be in the original container labeled with the child's name. It will be administered according to the manufacturer's printed instructions. We must also have written, dated, and signed instructions from a physician/licensed prescriber.

Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Weight: \_\_\_\_\_

**Physician/Licensed Prescriber to complete:**

MEDICATION(S)	STRENGTH	DOSAGE	ROUTE	ADMINISTRATION INSTRUCTIONS

Physician/Licensed Prescriber's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Physician/Licensed Prescriber's Printed Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Parent/Guardian to complete:**

I hereby represent and attest that I am the **parent or legal guardian** of the above-named student. I hereby request that the medication(s) specified above be administered to the above-named student.

Parent/Legal Guardian's Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Legal Guardian's Signature: \_\_\_\_\_

Telephone: Cell/Home \_\_\_\_\_ Work \_\_\_\_\_