

AUTHORIZATION FOR NON-PRESCRIPTION DRUGS

The Massachusetts Department of Early Education and Care requires us to have this form (signed and dated by the physician) on file in order to be able to give your child a non-prescription medication that you will provide when needed. This form will be valid for one year from the date the physician signs it. The parent/guardian will fill out a form for the specific medication, indicating the dates and times we are to administer it, at the time that you bring in such medication.

Name of Child: _____

Name of Parent: _____

I authorize Whiz Kids Learning Center to administer the non-prescription medication indicated below to the above named child at the request of the child's parent. I understand that Whiz Kids will never exceed the recommended dosage on the drug package.

_____ dosage	Children's fever medication
_____	Children's cold medication
_____	Children's cough medicine
_____	Children's allergy medicine
_____	_____

Date: _____ Physician's Signature: _____

Please return to:

Whiz Kids Learning Center
593 Flint Street
Marstons Mills, Ma. 02648