

**Tumbling Toddlers Learning Center  
AUTHORIZATION FOR MEDICATION**

Child's Full Name: \_\_\_\_\_

Name of Medication: \_\_\_\_\_

Prescription Number: \_\_\_\_\_

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

(Medication will not be given on an "As Needed" basis, specifics must be provided)

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

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

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

\_\_\_\_\_  
PARENT'S SIGNATURE DATE

FOR CENTER USE (Reminder: document the reasons why medications are not given as parent requested  
i.e., child absent, medication not sent, child sleeping etc...)

DATE TIME GIVEN AMOUNT ANY ADVERSE REACTIONS ADMINISTERED BY

- |    |       |       |       |       |       |
|----|-------|-------|-------|-------|-------|
| 1. | _____ | _____ | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ | _____ | _____ |
| 4. | _____ | _____ | _____ | _____ | _____ |
| 5. | _____ | _____ | _____ | _____ | _____ |
| 6. | _____ | _____ | _____ | _____ | _____ |
| 7. | _____ | _____ | _____ | _____ | _____ |

If noticeable adverse reaction to medication, what action was taken? Describe:

Attention to Person Requesting Medication Be Dispensed: Form must be completed in its entirety  
before the center can dispense any medication