

**Health Care Provider Authorization to Administer Medication in School or Child Care**

Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Medication: \_\_\_\_\_

Dosage: \_\_\_\_\_ Route: \_\_\_\_\_

To be given at the following time(s): \_\_\_\_\_

Special Instructions: \_\_\_\_\_

Purpose of medication: \_\_\_\_\_

Side effects that need to be reported: \_\_\_\_\_

Starting Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Health Care Provider with Prescription Authority      License Number

\_\_\_\_\_  
Phone Number      Date

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**Parental Permission for Medication Administration in School or Child Care**

As the parent/guardian of \_\_\_\_\_ I ask that EDSE staff give the  
(Child's name)

following medication \_\_\_\_\_ at \_\_\_\_\_  
(Name of medication and dosage)      (Time(s))

to my child, according to the Health Care Provider's signed instructions on the upper part of this form.

The Episcopal Day School of Evergreen (EDSE) agrees to administer medication prescribed by a licensed health care provider. It is the parent/guardian responsibility to furnish the medication.

The parent agrees to inform EDSE staff of the time the medication was administered to their child before arriving at EDSE.

The parent agrees to pick up expired or unused medication within one week of notification by staff.

**Prescription medications** must come in a container labeled with: child's name, name of medicine, dosage, time(s) medicine is to be given, date medicine is to be stopped, and licensed health care provider name. The pharmacy name and phone number must also be included on the label.

**Over the counter medication** must be in its original labeled container with the child's name clearly printed on the container. The dosage must match the signed health care provider's authorization.

**By signing this document, I give permission for my child's health care provider to share information about the administration of this medication with the nurse or school staff delegated to administer medication.**

\_\_\_\_\_  
Parent/Legal Guardian Printed Name      Parent/Legal Guardian Signature      Date

or

\_\_\_\_\_  
Phone numbers parent/legal guardian can be reached during school/childcare hours.

Please ask the pharmacist for a separate medicine bottle for school if medicine is given at home and EDSE.