



AUTHORIZATION TO ADMINISTER MEDICATION

I, _____, hereby authorize and instruct Scarboro
(print name of parent/guardian)
Community Preschool to administer _____,
_____ (print name of student),
(print name of medication)

_____ At _____ on _____
(amount or dosage) (times to be given) (actual date: first and last)

As prescribed by _____ and dispensed under
(name of doctor including initial)

Prescription number _____ (this number must match the label).

I understand that the medication must be in the original container and properly labeled with the student's names, date of issue, name of prescribing physician, dosage, and instructions. Staff will keep a daily record of medication(s) administered.

Date

Signature of parent or guardian

Name (printed)