



If your child requires an over the counter medication, such as Motrin or Tylenol, we are required by the state of Massachusetts to have proper authorization on file for each medication. These medications are generally left at the center to be used in the case of your child having a fever, teething, or other ailments directed by you and your child's physician.

Over the counter medication needs both parental and physician authorization. On the reverse side, is the form to be filled out and signed by you and your child's physician. This form can then be returned to the center with the proper medication.

You are not required to provide this form or any medication to the center, if you do not wish to have it on file. We are providing you with the information and documentation if you desire to do so.

Authorization for Medication



Name of Child: _____ First dose given at home: **Yes** **No**

Name of Medication: _____ Prescription: **Yes** **No**

My child has not previously taken this medication, but this is an emergency medication and I give permission for staff to give this medication to my child in accordance with his/her individual health care plan: **Yes** **No**

Dosage: _____

Date(s) medication to be given: _____

Times medication to be given: _____

Reason for medication: _____

Possible side effects: _____

Name of Physician: _____ Phone Number: _____

Directions for storage: _____

Special Instructions (i.e., taken with food): _____

I, _____ (parent or guardian), give permission to authorized staff members of Waters Preschool to administer medication to my child as indicated above.

Parent / Guardian Signature

Date

For Non-Prescription Medication

Physician Signature

Date

Copied to the Emergency Evacuation File in the Medicine Cabinet Employee Initials _____

To be filed in the Child's Record.