MEDICATION AUTHORIZATION

In order for St. John Paul II Preschool & Child Care to administer any type of medication (over-the-counter and/or prescription) to your child at school or in after care, we must have a signed affidavit from the physician and/or parent giving permission for us to do so. Always give the medication to a teacher or the preschool office. Medications cannot be left in backpacks, or left in the reach of children. Please be sure to complete all information listed on the form below This information is necessary for your child's safety.

Prescription medicine The medicine should be sent to school with complete instructions. It must be in its *original container with the prescription label attached.*

Over-the-counter medicine must have a parent signature on *this form and be in the original container with your child's name written-on or taped to the container.*

Child's Name:_____ **Date**:_____

I hereby request St. John Paul II Preschool & Child Care personnel to give medicine to my child. These instructions should be followed in giving my child this medicine.

Name of Medicine:_____

Dosage:_____

Time(s) of day for Dosage:_____

Reason Medication Is To Be Given:_____

Physician's Signature *(if ongoing)*:_____

Parent's Signature: _____

Signing this form shall release SJPII and personnel from any liability of any nature that might result from the administration of medication to the child.

Child's Name	Medication	Date	Time	Amount	Staff initials (2)