



Classroom: _____

Authorization for Administration of Medicine

Medication Type: Prescription Non-Prescription

I have received a copy of the *Medication Policy* and I hereby authorize Lambs & Ivy to administer the following medication to my child _____. I further agree to indemnify and hold harmless the staff of Lambs & Ivy against all claims as a result of any and all acts performed under this authority.

Medication: _____ Date of Medication: _____

Dosage: _____ Symptoms: _____

Route: By Mouth____ Feeding Tube____ Ear____ Eye____ On the Skin____
Other_____

Time of Administration: _____ Date: _____

Side Effects: _____

Physicians Name & Number: _____

Last Dosage administered at home _____ am/pm (Time)

Date: _____

Parent Signature: _____

Medication Log (To Be Completed by Director that Administrated Medication)

Medication	Dosage	Route	Time	Date	Signature

Completed Authorization for Administration of Medication forms will be kept in child's file.

Director Signature _____