BRITISH INTERNATIONAL SCHOOL OF HOUSTON
A NORD ANGLIA EDUCATION SCHOOL

Medical Authorization Form

No medication can be administered without the written permission of the parent together with clear instructions for its use. Medication can only be administered in amounts according to label directions. We will not be allowed to administer any medication that is in a container that displays an expired date.

Parent's authorization

Name of child to receive medication	Age of child	Name of medication	
Prescribing physician		Prescription number	Expiration date (must not have expired date on container)
Dosage		When to give	Continue medication until (date)

*All fields are required

I hereby request an employee to administer the medication named below to my child. I understand that all medications must be in the **original container displaying the dosage amount**, labeled with the child's name and with directions to administer the medication. Prescribed medication must also include the date and name of physician. By signing below, I agree to the above terms and release the child-care center and its employees from all liability from reactions which my child may suffer from this medication.

Signature of Parent or Guardian

Date

CAREGIVER'S RECORD OF ADMINISTERING MEDICATION

Child's Name	Name of Medication	Date Given	Time Given	Amount Given	Full Name of School Employee