



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

Medical information

Insurance Company	Group number	ID Number
Doctor's name		Doctor's telephone number
Doctor's address		

Does your child have any allergies? Yes No

If yes, please specify: _____

Does your child have any existing illness/medical conditions? Yes No

If yes, please specify: _____

In the past 12 months, has your child had any serious illnesses, injuries or hospitalizations?

Yes No

If yes, please specify with dates: _____
