

**Authorization to Administer Medication  
and  
Medication  
Information**

Child's Full Name:	Date of Birth:	Child's Known Allergies:
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**MEDICATION INFORMATION:** Medication must be in the original container and labeled with the child's name. The label must include dosage and directions for administration.

Name of medication: (Including strength)	Amount/Dosage to be Given:	Frequency to be administered <b>OR</b> identify the symptoms that will necessitate administration of medication:	Dates - Medication Time Period	
			From	To
1				
2				
3				

Does the over-the-counter (OTC) medication label indicate the child's physician should be consulted? If "Yes" I have consulted with my child's physician, and I am authorizing a dosage consistent with the physician's recommendation. \_\_\_\_\_(Parents Initials)

I, parent/legal guardian, authorize Anchor Early Learning Academy to administer the medication as specified on this form.

\_\_\_\_\_  
Parent/Guardian's Name (please print)

\_\_\_\_\_  
Date Authorized

\_\_\_\_\_  
Parent/Guardian's Signature