



The Elmer & Glenda  
Harris Early Learning Center  
Of Birmingham

## Administration of Medication

Child's Name \_\_\_\_\_

Room # \_\_\_\_\_

Parent's Name \_\_\_\_\_

Date \_\_\_\_\_  
(Expires 5 days from date)

Address \_\_\_\_\_

Phone # \_\_\_\_\_

PARENT REQUEST/AUTHORIZATION: I request that the following medication be administered to my child per my instructions and/or the doctor's. **\*\*A copy of physician's instructions must accompany this form\*\***

Name of Medication \_\_\_\_\_

Dosage\* \_\_\_\_\_ Time \_\_\_\_\_ Time last administered \_\_\_\_\_  
(Dosage must be based on child's age and weight or doctor's instructions)

Reason for medication \_\_\_\_\_

Medication must be registered in the office. It must be in the original container and be properly labeled with the student's name, dosage, strength, time interval, and date of drug's expiration.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

For Staff Use Only

|            |            |              |                       |
|------------|------------|--------------|-----------------------|
| Date _____ | Time _____ | Dosage _____ | Staff Signature _____ |
| Date _____ | Time _____ | Dosage _____ | Staff Signature _____ |
| Date _____ | Time _____ | Dosage _____ | Staff Signature _____ |
| Date _____ | Time _____ | Dosage _____ | Staff Signature _____ |
| Date _____ | Time _____ | Dosage _____ | Staff Signature _____ |

