ROARING MOUSE CREATIVE ARTS STUDIO, LLC
MEDICATION AUTHORIZATION FORM

It is important that we are aware of any medication your child may be taking in case of emergency. Please complete BOTH sides of this form and provide information regarding medication your child will need to take while in our care. All medication taken during child care hours must be administered by staff.

Child's Name _____ Date of Birth _____ Age _____

State law prevents our personnel from administering medication unless we have a signed note from a physician stating dosage and procedure. If medication is required to be administered during child care hours, please bring this form and the medication in its prescription bottle and give it to a staff member. All medications must be dispersed by a staff member. Please do not leave medication in the possession of your child or in his/her lunch box. Let us know if the medication needs to be stored in a special way (i.e. in the refrigerator, or away from sunlight.)

Medication to be administered at Roaring Mouse Creative Arts Studio:

Medication #1:_____

Reason for Medication:_____

Dosage:_____ Time: _____

Start Date: _____ Stop Date: _____

Method of Administration: _____

Possible Side Effects: _____

Special Handling: _____

Comments/Additional Instructions: _____

Medication #2:_____

Reason for Medication:_____

Dosage:_____ Time: _____

Start Date: _____ Stop Date: _____

Method of Administration: _____

Possible Side Effects: _____

Special Handling: _____

Comments/Additional Instructions: _____

Medication #3:_____

Reason for Medication:_____

Dosage:_____ Time: _____

Start Date: _____ Stop Date: _____

Method of Administration: _____

Possible Side Effects: _____

Special Handling: _____

Comments/Additional Instructions: _____

Physician Signature _____ Date _____

Physician Printed Name _____ Phone _____

I authorize the program staff to administer the above medication(s) and/or treatment(s).

Parent/Guardian Signature _____ Date _____

Parent/Guardian Printed Name _____

********** (For office use only.)

Date:				
Administered By:				
Time Given:				
Medication Dosage:				
Notes:				