

IT IS RECOMMENDED THAT EVERY POSSIBLE MEANS BE TAKEN TO GIVE MEDICATION AT HOME. IF IT BECOMES NECESSARY FOR YOUR CHILD TO TAKE ANY MEDICATION AT SCHOOL, IT IS STATE REGULATIONS THAT THE STEPS BELOW MUST BE FOLLOWED:

1. Written authorization from a person with legal prescriptive authority (physician, dentist, podiatrist, some nurse practitioners, physician's assistant who has directions of a physician) stating the child's name, medication, medication route, dosage, time to be given, for how many days and side effects (part 1 below)
2. Medication properly identified and in its original container.
3. Written permission by the parent(s)/or legal guardian(s) giving Alaya authorization to administer the medication (part 2 below)

MEDICATION AUTHORIZATION ORDER – PART 1

Name of child _____ Date of Birth: _____

Medication: _____ Dosage: _____

Route: _____ Purpose of Medication _____

Time of day medication is to be given _____

From (date): _____ To (date) _____

Side Effects _____

Signature of Person with Prescriptive Authority: _____

Date: _____

PERMISSION FOR MEDICATION – PART 2

Parent(s)/or legal guardian(s)

I hereby give my permission for _____ to be given the above prescription of over-the-counter medication while at Alaya Preschool as ordered. I understand that it is my responsibility to furnish this medication.

NOTE: The prescription medication is given to Alaya in its original container appropriately labeled by the pharmacy or person with prescriptive authority along with the above information.

Signature of parent(s)/or legal guardian(s) _____ Date _____