Kids R Kids
Schools of Quality Learning

# Medication Authorization Form

In accordance with Florida Administrative Code, all medication must be in its original container, not expired and labeled with the child's full name and written directions for dispensing medication. Over the counter medication must be accompanied by written authorization from the child's physician if the dosage amount is not indicated on the container. This form will expire 5 days from the date it was originally signed unless otherwise indicated.

Child's Full Name: _____ D.O.B ___/___/___

Classroom: _____ Start Date:___/___/___ End Date: ___/___/___

Name of Medication: _____ Medicine Exp. Date ___/___/___

Dispense Medication at: 11:00am /3:00pm/ BOTH Dosage Amount:_____

Does medication require refrigeration? YES____ NO____

HAS CHILD RECEIVED MEDICATION AT HOME OR WILL KIDS R KIDS BE ADMINISTERING THE FIRST DOSAGE?
***If you have not already given the medicine to your child, you MUST provide a list of side effects provided to you by the pharmacy or we will be unable to administer.***

_____Previously Received with no side effects _____ Not Received

_____ ___/___/___
Parent/Guardian Signature Date

| Date | Time | Dosage | Administered By | Verified By |
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