

Little Lambs Preschool

Medication Administration Authorization

In accordance with our Parent Handbook, and state licensing regulations, prescription medications will be administered by the Director on Duty; providing that it is in the bottle prescribed by your child's physician and this medication administration form has been completed.

Date: _____

Child's Name: _____

Name of medication: _____

Dosage and time of administration: _____

Parent or Guardian Signature

Preschool Staff Signature

For Office Use Only:

Initial, date, & time medication administered: _____

