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### MEDICATION DISTRIBUTION FORM

No medication shall be given by child care personnel without the signed permission of the parent or legal guardian.

All prescription medication must be in the original container with the child's name, name of the physician, medication name, and medication directions written on the label. Prescription medication and breathing treatments must be taken home on a nightly basis and brought back the next day.

Non-prescription medication (over the counter), topical or ingested, brought in by the parent must have an Authorization for Medication/Treatment form from the child's physician.

**Below must be filled out exactly as Physician's authorization or prescription says.**

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_

1. Medication Name: \_\_\_\_\_

Amount to be given: \_\_\_\_\_

Time to be given: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Duration: \_\_\_\_\_

**Record of Medication's Given:**

1. Medication Name: \_\_\_\_\_

Last Time Given	Date and Time	Amount Given	Employee
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

*This authorization must be maintained and is only valid for the duration of the prescription and/or authorization.*

I hereby give permission to dispense the medication listed above in accordance with the written directions on the prescription label or Physician's Authorization for Medication/Treatment form.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_