



Medication/Treatment Authorization

Date _____

*Medication/Treatment is administered in a child care setting only when truly necessary. The PREP School administers prescription and non-prescription medication voluntarily as a service to our parents and may be discontinued at any time, without notice.

Name of Child Receiving Medication	Child's Date of Birth	Name of Medication
Medication to be Administered For the Following Condition		Medication Expiration Date
Dosage	Time to Administer	Continue Medication Until (date)

NOTE: Medication must be in its original container and labeled with child's name and the date the medication is left at The PREP School. Medication is administered in amounts according to the medication label or if required, as per physicians written instructions. All prescriptions must have a current label attached.

Child's Name	Date Given	Name of Medication	Time Given	Amount Given	PREP Staff Name

I have read, understand, and acknowledge with my initials and signature the following guidelines for medical treatment:

_____ I am the custodial parent/legal guardian primarily responsible for the medical care of the child listed above.

_____ I accept full responsibility for this and all prescription/non prescription treatments which I provide to The PREP School to administer to my child. I waive all actions, claims, and demands now known or later discovered against The PREP School, its employees, affiliates and insurance providers and forever release them from liability for injuries, illness, and any other adverse reaction (including The PREP's refusal to administer medication) resulting from its use of the medication.

_____ I understand The PREP School refuses to administer the medication if my instructions are not clear, or if they are inconsistent with the label, or if physicians recommended dosage is required, but not present. The PREP School will refuse to administer if the medication is not in the original container, labeled with the original unaltered label.

_____ The PREP school has the right to discontinue this medication if (1) an adverse reaction results, (2) the medical treatment form expires, (3) the child is ill or injured, (4) the medicine could have been administered before or after child arrives to The PREP, (5) if this Authorization for Administering medication/treatment is incomplete, or (6) for any other reason the PREP School determines it is not in the best interest of the child.

_____ Date

_____ Parent/Guardian Signature

Per child care licensing - This authorization form expires 1 year from the date it was signed. A new authorization must be filled out each year for each medication at The PREP School.

Independently Owned and Operated by NT School Operating Two, LP