



## 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 |                    | Name of medication |                                  |
|                                    |                    |                    |                                  |
| Prescribing MD (if applicable)     |                    | Prescription #     | 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 directions. 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, recommended usage or dosage. 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 if, The PREP School in it's sole opinion determines it is not in the best interest of the child.

\_\_\_\_\_ Date

\_\_\_\_\_ Parent/Guardian Signature

This PREP School Location is Independently Owned and Operated by R & S PREP School Operating Two, Inc.