



Medication/Treatment Authorization

PARENTS / GUARDIANS - FILL OUT THIS SECTION			
Name of Child Receiving Medication		Child's Date of Birth	
Name of Medication		Dosage	Expiration Date
Time of day to administer	Continue Medication Until (date)	Medication to be administered for the following condition	
NOTE: Medication must be in its original container and labeled with child's name and the date the medication is brought to 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.			
PARENTS / GUARDIANS - DO NOT FILL OUT THIS SECTION - The PREP School will complete each time medication is administered			
Date Given	Time Given	Amount Given	PREP Staff Signature
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.			

I have read, understand, and acknowledge the above responsibilities and my signature constitutes agreement to these guidelines for medical treatment

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 KASA Operations LLC

