



## AUTHORIZATION FOR ADMINISTRATION OF MEDICINE

MEDICATION TYPE:    **PRESCRIPTION**            **NON-PRESCRIPTION**

I have received a copy of the *Medication Policy* and I hereby authorize Lambs & Ivy to administer the following medication to my child \_\_\_\_\_.  
I further agree to indemnify and hold harmless the staff of Lambs & Ivy against all claims as a result of any and all acts performed under this authority.

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_

Symptoms: \_\_\_\_\_

Time of administration: \_\_\_\_\_ Side effects: \_\_\_\_\_

Date(s): \_\_\_\_\_

Physicians Name & Number: \_\_\_\_\_

Last Dosage was administered at home \_\_\_\_\_ am/pm (Time)

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

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

### MEDICATION LOG (To Be Completed by *Director that Administrated Medication*)

Medication	Dosage	Time	Date	Signature

*Completed Authorization for Administration of Medication* forms will be kept in the child's file.