

Hillcrest Academy

**AUTHORIZATION FOR ADMINISTRATION OF MEDICATION**

Medication Type:

Prescription       Non-Prescription       Topical Ointment

I have read and understand the Policy on *Administering Medications and Ointments* and I hereby authorize Hillcrest staff to administer the below referenced medication to my child

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

- Prescription medications must have a written order from the physician and a valid prescription label attached to the original medication container.
- Non-prescription medication **(for children 3 and over)** to be used for more than three days requires a written order from the child's physician.
- Non-prescription medication **(for children under 3)** will not be administered without a written order from the child's physician.
- Duration of non-prescription topical ointments' authorization cannot exceed 90 days.

I further agree to hold harmless Hillcrest Academy against all claims as a result of any and all acts performed under this authority.

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

Adverse Reactions: \_\_\_\_\_ Time to administer: \_\_\_\_\_

Number of Days: \_\_\_\_\_ Date: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Physician's Phone: \_\_\_\_\_

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

**Medication Log (To Be Completed by Medicine Administrator)**

Medication	Dosage	Time	Date	Signature

**Keep completed *Authorization for Administration of Medicine* forms in file when completed.**