



# Medication Authorization Form

Kids Play/Club Knights/Just 4 Kids

Fax 763-497-6584

Written authorization is required for students needing medication while in our program.

- Short-term medication (administered for less than 2 weeks) must be signed by a parent or guardian.
- Long-term medication (administered for greater than 2 weeks) must be signed by a parent or guardian AND a physician.

Prescription medication must be in containers with the pharmacy label and your child's name on it. Ask your pharmacist for a separate bottle if needed. Over-the-counter medications must be in their original containers. Medications brought in unlabeled bottles, in a baggie, etc., or expired will not be given to the student. Medication needs to be given to our staff and kept in our office.

Child's first & last name: \_\_\_\_\_ Birth date \_\_\_\_\_ Grade \_\_\_\_\_

Name of Medicaiton \_\_\_\_\_ Diagnosis \_\_\_\_\_

Dosage \_\_\_\_\_ Route \_\_\_\_\_ Time of day \_\_\_\_\_

Date order expires \_\_\_\_\_

I understand and authorize my child's healthcare provider to release or share my child's protected health information regarding this medication with the Community Education Nurse. I request and authorize Kids Play employees to give the above medication. I release District #885 and employees from liability in the event any reaction results from the medication.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Physician Name and phone number \_\_\_\_\_

Physician Signature \_\_\_\_\_ Date \_\_\_\_\_

(required for long term medications)