



# Medication Authorization Form

Kids Play/Club Knights/Just 4 Kids

Fax 763-497-6584

Written authorization required for students needing medication while at our program.

- Short term medication (administered for less than 2 weeks) must be signed by parent or guardian.
- Long term medication (administered for greater than 2 week) must be signed by parent or guardian AND 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 medication \_\_\_\_\_ 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 authorized Kids Play employees to give 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)