Transformation Learning Center

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Medication Authorization Form

(Non-Prescription and Prescription Drugs)

In accordance with Transformation Learning Center policy and state mandates, if your child needs to take any prescription or over the counter medications during school, the following procedure must be followed before the authorized staff member will administer medication to your child. The five necessary requirements are:

1. Provide written physician statement identifying the type, dosage, and purpose of the medication.
2. Provide parent/guardian permission for our staff to give the medication prescribed by physician.
3. Provide medication in original-labeled pharmacy container (pharmacies will provide an extra labeled container) with child's name, date, name of medication, dosage schedule and physician's name.
4. Parent/guardian confirmation that at least one dose of medicine was administered at home without adverse effects.
5. Parent/guardian (not child) must bring in all medication to the director.

Physician's Authorization

I request that the Transformation Learning Center staff administer the following medication as prescribed to:

Name of Child (please print) _____ Age _____

Name of Medication _____

Reason medication needs to be administered: _____

Dosage_____Route_____

Time to give medicine _____

Special Instructions: _____

Date to Start Medicine _____/_____/_____ Date to Stop _____/_____/_____

Possible Side Effects: _____

Plan of management of side effects: _____

Physician's Signature: _____ Date: _____/_____/_____

Physician's Name/Address Stamp: _____

Physician's Phone #: _____

Parent/Guardian Authorization

- *I authorize the TLC staff to administer the above medication as prescribed above.*
- *I also give permission to the TLC staff to contact the prescribing Physician about the administration of this medicine.*
- *The Medication is in the original labeled container.*
- *I have administered at least one dose of medicine to my child without adverse effects.*
- *I hereby relieve TLC and staff of any and all liability, which may result from administration of the medication to my child.*

Parent/Guardian Name (Print)_____

Parent/Guardian Signature: _____ Date: _____/_____/_____

Home #: _____ Work #: _____ Cell #: _____