

(Print this form ONLY if you will be leaving medications at preschool; RX or OTC)

**AUTHORIZATION to ADMINISTER MEDICATION
(one form per diagnosis)**

Child's name: _____ Classroom Teacher: _____

I *authorize* representatives of Northbrook Preschool to *administer the following medication(s)* to my child when they deem it necessary to treat symptoms / illness as described below.

I agree that Northbrook Preschool, its employees and representatives shall be *held harmless* from any suit, action, damages, or claims at law otherwise resulting from or arising out of any injury, accident, or illness which may befall on the child named below while he/she is in the care of Northbrook Preschool.

TO BE COMPLETED BY PHYSICIAN:

Medical *Diagnosis/Condition*: _____

Symptoms requiring medication: _____

Directions on how to manage this condition on days this child is attending Northbrook Preschool **(REQUIRED INFORMATION)** _____

MEDICATION: _____

DOSAGE: _____
(specific amount not "as directed on box")

MEDICATION: _____

DOSAGE: _____
(specific amount not "as directed on box")

ALL MEDICINES (RX & OTC) TO BE KEPT/ADMINISTERED AT PRESCHOOL MUST BE MANAGED THROUGH THE OFFICE

Parent/Guardian Signature

Date

Physician Signature

Date