



WEEKLY MEDICATION AUTHORIZATION

I give WOODHAVEN ACADEMY permission to administer the following medication as follows to:

CHILD'S NAME: _____

MEDICATION NAME: _____

PRESCRIPTION NUMBER: _____ Rx EXP. DATE: _____

Rx LABEL INSTRUCTIONS: _____

AMOUNT at 11:00: _____ at 3:00: _____

DATES: from: _____ to: _____

DOCTOR'S NAME: _____ PHONE #: _____

PARENT'S SIGNATURE: _____ DATE: _____

(Staff indicate amount administered and initials)

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
11:00 AM Amt/ Int	11:00 AM Amt/Int	11:00 AM Amt/Int	11:00 AM Amt/Int	11:00 AM Amt/Int
Reaction:	Reaction:	Reaction:	Reaction:	Reaction:
3:00 PM Amt/Int	3:00 PM Amt/Int	3:00 PM Amt/Int	3:00 PM Amt/Int	3:00 PM Amt/Int
Reaction:	Reaction:	Reaction:	Reaction:	Reaction:

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
11:00 AM Amt/Int	11:00 AM Amt/Int	11:00 AM Amt/Int	11:00 AM Amt/Int	11:00 AM Amt/Int
Reaction:	Reaction:	Reaction:	Reaction:	Reaction:
3:00 PM Amt/Int	3:00 PM Amt/Int	3:00 PM Amt/Int	3:00 PM Amt/Int	3:00 PM Amt/Int
Reaction:	Reaction:	Reaction:	Reaction:	Reaction:

WOODHAVEN ACADEMY will administer medication upon written authorization by the parent. This form must be completed, signed, dated, and delivered to the Director with the labeled medication. This form gives authorization to administer the above medication for up to **TWO** weeks, Monday through Friday. Medications without an appropriate form or with incomplete forms will not be administered. Woodhaven Academy will administer prescription medications, as prescribed, if the prescription calls for more than two doses per day, with the exception of breathing treatments. Woodhaven Academy will only administer over-the-counter medications that are accompanied by a letter from the child's physician. The letter, which must be attached, must state the name of the over-the-counter medication, the dosage, and the reason for the medication to be given. All medications will be sent home each Friday.

STATE LAW REQUIRES THAT ALL MEDICATION MUST BE: 1) in its original container 2) clearly labeled with the name of the medication 3) clearly labeled with your child's name 4) Labeled with prescription number, if applicable 5) clearly labeled with the dosage to be administered and 6) clearly labeled with the date and expiration date.

Medication will be administered **ONLY** at 11:00 and 3:00 by management or designated staff member trained in medication administration.

