

# A Gift from Heaven Academy Authorization for Medication

Child's Full Name \_\_\_\_\_

Name of Medication \_\_\_\_\_

Prescription Number \_\_\_\_\_

Time of Medication to be Given \_\_\_\_\_  
(Medication will not be given on an "As Needed" basis, specifics must be provided)

Amount of Medication to be Given \_\_\_\_\_

Date(s) to be Given \_\_\_\_\_  
(Not to exceed two weeks without a physician's statement)

\_\_\_\_\_  
*Signature (Parent/Guardian)*

\_\_\_\_\_  
*Date*

**FOR CENTER USE (Reminder: document the reasons why medications are not given as parent requested i.e., child absent, medication not sent, child sleeping, etc...)**

	Date	Time Given	Amount	Any Adverse Reactions	Administered by
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____

If noticeable adverse reaction to medication, what actions were taken? Describe.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Attention to Person Requesting Medication Be Dispensed:**  
**Form must be completed in its entirety before the center can dispense**  
**any medication**