



MEDICATION/SUNSCREEN/DIAPER CREAM AUTHORIZATION FORM

CHILD'S NAME: _____

NAME OF MEDICINE/SUNSCREEN _____

TIME TO BE GIVEN/APPLIED AT SCHOOL _____

AMOUNT OF DOSAGE _____

No medicine will be given here at the school that is not in the original prescription bottle. The label is to have the name of the child, name of medicine, dosage, name of doctor and date.

It is your responsibility to ask the teacher for the medicine when you pick up your child.
Do not depend on teacher to remember to give it to you.

DO NOT send aspirin or any other medicine that is not prescribed by a doctor. This includes cough syrups which we cannot give either.

Signed

Date