



## Children's Lighthouse of Woodcreek Reserve ONGOING MEDICATION AUTHORIZATION FORM

Child's Name: \_\_\_\_\_

Date: \_\_\_\_\_

- This form is used for **on-going preventative** or **symptomatic medication** only. It must be updated every six months, or as required.
- I hereby request an employee of Children's Lighthouse to administer the medication(s) named below to my child. I understand that all medications must be in the **original container** and **labeled with the child's name** with **directions to administer the medication**.
- Prescription medication must include the date, child's name, and physician's name.
- Over the counter medication label instructions will be followed; a physician's note may be required.
- Parent/Guardian will be informed if any adverse reactions are noticed.
- ***By signing below, I release Children's Lighthouse and its employees from all liability for reactions that my child may suffer from this medication.***

### PARENT/GUARDIAN'S AUTHORIZATION:

Name of Medication:			Prescribing Physician:	
Prescription Number:	Expiration Date:	Dosage Amount?	Frequency of Dosage:	Continue Medication until (Date):
Symptoms to look for to determine when to give medication:			Possible adverse reactions to look for after medication administration:	

\_\_\_\_\_  
Signature – Parent/Guardian

\_\_\_\_\_  
Date

Medication Administration			Signature of Children's Lighthouse Staff Member	Adverse Reaction Noticed?	Time Parent/Guardian Notified of Adverse Reaction?
Date	Time	Amount			
				Yes/No	
				Yes/No	
				Yes/No	
				Yes/No	
				Yes/No	
				Yes/No	
				Yes/No	

Children's Lighthouse of Woodcreek Reserve is an independently owned and operated school, and each independent owner is solely responsible for complying with all laws, policies, and regulations. Neither Children's Lighthouse Franchise Company, nor any other Children's Lighthouse school, other than the one name above, is responsible for the actions or obligations of this school.