PRESCHOOL
OF DUNWOODY UNITED METHODIST CHURCH

AUTHORIZATION FOR ADMINISTRATION OF MEDICATION

No medication will be given by staff of Dunwoody UMC Preschool to a student without a completed form on file.
Any staff member may administer an epi-pen in the event of an allergic reaction.

Child's Full Name:_____

Name of Medication:_____

Prescription Number:_____

Time Medication is to be given:_____
(Medication will not be given on an "as needed" basis, specifics must be provided)

Amount of Medication to be given:_____

Dates to be given:_____
(Not to exceed two weeks without a physician's statement)

Any special instructions concerning this medication:_____
_____

_____
Physician's Signature Date

_____
Parent's Signature Date

Each prescription number or each medication requires a separate form.

Date	Time of Dosage	Amount Given	Adverse Reactions	Staff Signature