KIDS ZONE
CHILDCARE CENTRE

# Medication Authorization Form

I authorize the administration of _____for my child
Medication name

_____ By Kids Zone Childcare Centre.
Child's first and last name

**ADMINISTRATION INSTRUCTIONS**: (As per the instructions on the original container or prescription)

Start date and time: _____End date and time: _____

Purchase Date: _____ Expiry Date of Medication: _____

Time(s) of administration _____ am. and/or p.m.

When the following symptoms are seen, please administer:

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Dosage: _____Storage:

| Medication Box or Fridge or with EpiPen |
|---|

Child has had this medication before: Yes No

Possible Side Effects: _____

Discontinue medication if the following reaction(s) is observed:
_____

I_____, my child, and my family waive all claims that we may have against Kids Zone Childcare Centre, its employees, operator and volunteers relating to:

1. Any harm to my child caused by the administration of this medication, and
2. The safety or effectiveness of this medication, alone or in combination with other medications for which I have signed a Medication Authorization Form.

I recognize that Kids Zone Childcare Centre is not a skilled professional in administering medications, and that it is relying entirely upon the directions printed on the medication and upon the directions set out in this authorization. I acknowledge that I have been strongly encouraged to seek the advice of skilled professionals (doctor, pharmacist) regarding the directions set out in this authorization and the safety and effectiveness of combining the medications set out in the authorization that I have provided to Kids Zone Childcare Centre.

_____ _____
Parent's Signature Date

Management signature: _____

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**EDUCATOR TO COMPLETE RECORD BELOW AFTER MEDICATION ADMINISTRATION.**

| DATE | TIME GIVEN | DOSAGE | EDUCATOR FULL SIGNATURE |
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