



## Medication Authorization Form

I authorize the administration of \_\_\_\_\_ for my child  
Medication name

\_\_\_\_\_ By Kid's 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.

Dosage: \_\_\_\_\_ Storage: \_\_\_\_\_

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 Kid's 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 Kid's 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 Kid's Zone Childcare Centre.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

