## KINGWOOD CHRISTIAN CHILD DEVELOPMENT CENTER

A Division of Kingwood Christian School

A Ministry of Kingwood Assembly of God

Teacher's Name:

Child's Name:

## MEDICATION AUTHORIZATION

Date of Birth:

Weight:

Prescription # or NDC#:		Days given over	weekend:	Time C	n Last Dose:	
Tedication: Dosage:		Route:	Route:		Time(s) to be given:	
Storage Instructions:		Start Date:		End Date:		
Reason for Medication:						
I hereby give permission for m	y child (			) to be iss	ued the above medication	
		(Child's Name)				
This medication is being given	at my request.					
Parent's Signature:			Date:			
*** KCCDC Use Below Only	y					
	TIME SIGNAT	ΓURE TIME	SIGNATURE	TIME	SIGNATURE	
MONDAY						
TUESDAY						
WEDNESDAY						
THURSDAY						
FRIDAY						
1103111			<u> </u>			
School Year		NURSE APPROV	AL TO FILE AS OF			
July 1, 2010-June 30, 2011		NUKSE ALI KUV	AL TO FILE AS OF	·(Date)	(Nurse Initial)	
July 1, 2010-June 30, 2011				(=:a:e)	()	
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Child's Name:			Teacher's Name:		Weight:	
Prescription # or NDC#:	*		Days given over weekend:		Time of Last Dose:	
Medication: Dosage:		Route:			Time(s) to be given:	
Storage Instructions:		Start Date:		End Date:		
Reason for Medication:						
I hereby give permission for m	y child (			) to be iss	ued the above medicatio	
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	TIME SIGNAT	ΓURE TIME	SIGNATURE	TIME	SIGNATURE	
MONDAY						
TUESDAY						
WEDNESDAY						
THURSDAY						
FRIDAY						
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School Year		NURSE APPROV	AL TO FILE AS OF	':		
July 1, 2010-June 30, 2011		J		(Date)	(Nurse Initial)	
In order to promote communi	cation a narent's written	nermission is required again	ry week (Monday Erid	av) at KCCDC Than	,	
	CAUDII, A DAICHES WITHER	occumssion is reduited ever	v week uvionaav-EDa	aviai KVVIIV i Nän	K VOILTOL VOIII ASSISTANCE.	