

# Medicine Authorization

I hereby give my permission for Zion Lutheran School and Early Childhood Center to give my child, \_\_\_\_\_ the following medication. Please put an end date for all prescription medicines.

1. Medicine Name: \_\_\_\_\_ Dosage: \_\_\_\_\_  
Date to Start: \_\_\_\_\_ Ending: \_\_\_\_\_  
Medications to be Administered (approximately): 8 a.m. 12 noon 4 p.m. as needed  
(please circle one)  
Medicine is being taken for: \_\_\_\_\_

2. Medicine Name: \_\_\_\_\_ Dosage: \_\_\_\_\_  
Date to Start: \_\_\_\_\_ Ending: \_\_\_\_\_  
Medications to be Administered (approximately): 8 a.m. 12 noon 4 p.m. as needed  
(please circle one)  
Medicine is being taken for: \_\_\_\_\_

If my child is asleep,  
WAKE and administer medication.  
WAIT until child awakes to administer medication.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

# Medicine Authorization

I hereby give my permission for Zion Lutheran School and Early Childhood Center to give my child, \_\_\_\_\_ the following medication. Please put an end date for all prescription medicines.

3. Medicine Name: \_\_\_\_\_ Dosage: \_\_\_\_\_  
Date to Start: \_\_\_\_\_ Ending: \_\_\_\_\_  
Medications to be Administered (approximately): 8 a.m. 12 noon 4 p.m. as needed  
(please circle one)  
Medicine is being taken for: \_\_\_\_\_

4. Medicine Name: \_\_\_\_\_ Dosage: \_\_\_\_\_  
Date to Start: \_\_\_\_\_ Ending: \_\_\_\_\_  
Medications to be Administered (approximately): 8 a.m. 12 noon 4 p.m. as needed  
(please circle one)  
Medicine is being taken for: \_\_\_\_\_

If my child is asleep,  
WAKE and administer medication.  
WAIT until child awakes to administer medication.