



MEDICATION ADMINISTRATION AUTHORIZATION

ALL PRESCRIPTION MEDICATIONS MUST BE IN THE ORIGINAL CONTAINER WITH PHYSICIAN DIRECTIONS. OTC MEDICATIONS MUST BE IN ORIGINAL MANUFACTURERS PACKAGING. MEDICATIONS BROUGHT IN ANY OTHER FORM WILL NOT BE ADMINISTERED. Please place medication in Ziplock bag clearly labeled with child's name.

Child's Name _____ Date of Birth _____

Please write out instructions for dispensing of this medication: _____

Dosage _____

I authorize Parkway UMC to administer this medication to my child as explained above

Parent Signature _____ Date: _____

Name and Cell Phone Number of Person We Can Contact if we have a question or if a problem arises:

Name _____ Cell Phone Number: _____



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