

NON-PRESCRIPTION ADMINISTRATION FORM

The following is a list of NON-prescription medications that the parent(s) guardian(s) of _____ may authorize _____ to administer to their child for minor colds, teething, coughs, etc...

Parents **MUST** supply their own medications. This form is solely for the purpose of **ADMINISTRATION**. In no way does this form preclude the need for doctor check-ups or prescriptions, nor does this form preclude the need for yearly health appraisals. We reserve the right to withhold medication if, in our estimation, we feel that it is necessary that the child be seen by his/her physician. This form is strictly for the general administration and is valid for the period of one year from date of issuance.

Parents should list the common medications that their child uses. The doctor should fill out the dosage and times per day to be given.

<u>MEDICATION NAME</u>	<u>DOSAGE</u>	<u>Times/Day</u>

*****If a GENERIC EQUIVALENT may be substituted, please indicate this with your signature below.*****

Doctor's Signature _____

Date _____

Doctor's Name: _____

Address: _____

Parent/Guardian Signature: _____

Date: _____