

Trinity Lutheran Community Schools

Trinity Lutheran Preschool * TLC for Kids * TLC for Kids Summer Camp

Authorization for Medication

Child's Name _____

Name of Medication _____

Prescription Number _____

Time medication is to be given _____

Amount of medication to be given _____

Dates to be given _____

Parent's Signature _____ Date _____

For center use only

	Date	Time given	Amount	Any adverse reactions	Administered by
1.	_____	_____	_____	_____	_____
1.	_____	_____	_____	_____	_____
1.	_____	_____	_____	_____	_____
1.	_____	_____	_____	_____	_____
1.	_____	_____	_____	_____	_____
1.	_____	_____	_____	_____	_____

If noticeable adverse reaction to medication, what action was take? Describe
