

Medication Authorization Form
Kids Play/Just 4 Kids/Club Knights Programs
FAX # 763-497-6584
or contact Community Education Nurse at 763-497-6528

Please return form to Kids Play **PRIOR** to your child's first day of attendance.

Written authorization required for students needing medication while at Kids Play.

- Short term medication (administered for less than 2 weeks) must be signed by parent or guardian.
- Long term medication (administered for greater than 2 weeks) must be signed by parent or guardian and physician.

Prescription medication must be in containers with the pharmacy label and over the counter medications must be in their original containers. Ask your pharmacist for a separate bottle for Kids Play. Medications brought in unlabeled bottles, baggies etc. will not be given. Medication should be given to the staff, and not to be carried by the student, or kept in student's locker. We cannot give expired medications.

 Child's First and Last Name Birth date Grade

I request and authorize Kids Play staff to give _____
Name of Medication

_____ for _____ at _____
Dosage Route Diagnosis Time of day

 Date Order expires

I release the Kids Play and/or District #885 personnel from liability in the event any reaction results from the medication.

 Parent/Guardian Signature Date

 Physician Signature (required for long term medication) Date

 Physician Name and Phone Number