

## MEDICATION AUTHORIZATION FORM

### PARENT'S AUTHORIZATION

Name of Child to Receive EMERGENCY Medicine		Name of Medication	
Reason for Medication	Prescribing Physician	Expiration Date	
Dosage	Describe Signs on When to Give Medication	Continue Medication Until (date)	

**NOTE:** Medication must be in its original container and labeled with your child's name. Medication will only be administered in EMERGENCY SITUATIONS and at the discretion of Free Time Kids Playcare staff.

\_\_\_\_\_ Signature-Parent or Guardian \_\_\_\_\_ Date

### TO BE FILLED OUT EACH VISIT

DATE SUPPLIED	SIGNATURE OF PARENT-GUARDIAN	SIGNATURE OF FTKP STAFF	DATE RETURNED	SIGNATURE OF PARENT-GUARDIAN	SIGNATURE OF FTKP STAFF

### CAREGIVER'S RECORD OF ADMINISTERING EMERGENCY MEDICATION

CHILD'S NAME	NAME OF MEDICATION	DATE GIVEN	TIME GIVEN	AMOUNT GIVEN	FULL NAME OF CAREGIVER OR EMPLOYEE

### PARENT/GUARDIAN AUTHORIZATION AND RELEASE

I hereby request and grant permission for Free Time Kids Playcare, Inc (FTKP) personnel to administer or supervise the administration of emergency medication to my daughter/son, \_\_\_\_\_. I agree to indemnify and hold harmless FTKP, its members, officers, employees and volunteers from any claim, liability, loss or expense, including reasonable attorneys' fees, suffered by any of the foregoing indemnities and arising out of a claim related directly or indirectly to the administration of medication to my child at FTKP. I understand that FTKP and the foregoing individuals are to incur no liability as a result of any injury arising from the administration of medication, provided, however, this indemnity and hold harmless commitment does not apply to the willful and wanton conduct of the foregoing indemnities.

\_\_\_\_\_ Signature-Parent or Guardian \_\_\_\_\_ Date