



1548 Mt. Vernon Road • Dunwoody, Georgia 30338  
(770) 394-2555 (770) 394-6003 (fax)

## Authorization for Administration of Medication

No medication shall be given by the Preschool staff except in special circumstances arranged by the Director of Dunwoody United Methodist Church Preschool. This form signed by a licensed physician and the child's parent or guardian giving permission and instruction in administration must be on file in the Preschool Office.

Child's Name \_\_\_\_\_

Allergy or Condition requiring Medication \_\_\_\_\_

Name of Medication and Prescription Number  
\_\_\_\_\_

Prescription Expiration Date \_\_\_\_\_

Time Medication is to be given \_\_\_\_\_

Dosage of Medication to be given \_\_\_\_\_

Dates Medication is to be given \_\_\_\_\_

Any special instruction concerning this Medication:  
\_\_\_\_\_

Physician's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent or Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please note:**  
**EACH MEDICATION AND PRESCRIPTION NUMBER**  
**REQUIRES A SEPARATE FORM.**

