



## Child Care Facility Authorization For Prescription and Non-Prescription Medication

No medication shall be given by child care personnel without the signed permission of the parent or legal guardian. All medication must be in the original container with the child's name, name of the physician, medication name, and medication directions written on the label.

Non prescription medication brought in by the parent or legal guardian can only be dispensed if there is written authorization from the parent or legal guardian to do so.

Medication which has expired or is no longer being administered shall be returned to the parent or legal guardian.

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_

1. Medication Name: \_\_\_\_\_  
Amount to be Given: \_\_\_\_\_  
Time to be Given: \_\_\_\_\_

2. Medication Name: \_\_\_\_\_  
Amount to be Given: \_\_\_\_\_  
Time to be Given: \_\_\_\_\_

### Record of Medications Given:

1. Medication Name: \_\_\_\_\_

Date & Time	Amount	Employee
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. Medication Name: \_\_\_\_\_

Date & Time	Amount	Employee
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

*This authorization form must be maintained and is only valid for the duration of prescription.*

I hereby give permission to dispense the medication(s) listed above in accordance with the written directions on the prescription label or printed manufacturer's label.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



## VACATION REQUEST FORM

(Must be submitted 2 weeks prior to vacation week)

I, ( Parent/ Guardian) \_\_\_\_\_ I'm requesting  
the week of \_\_\_\_\_ for my child (name) \_\_\_\_\_.

Approved \_\_\_\_\_

Disapproved \_\_\_\_\_

Reason \_\_\_\_\_

\*Please remember that Academics Kids allows one week vacation a year after  
the child has been registered in the school for 6 consecutive months