Mililani Community Church Preschool
95-1100 Kaapeha Street, Mililani, HI 96789 ◆ (808) 638-1938 ◆ Preschool@MCCHawaii.org

Authorization To Administer Prescribed Medication

(Please use one form per medication)

The following information must be completed by the child's health care provider:

Child's Name _____Date of Birth_____

Name of Medication_____

Reason for Medication_____

Form of Medication/Treatment:

☐ Liquid ☐ Tablet/Capsule ☐ Inhaler ☐ Injection ☐ Nebulizer ☐ Other

Instructions:

Dosage _____ Time(s) of Day to be Administered at School _____

Start Date: ☐ Date form received ☐ Other, as specified _____

Stop Date: ☐ End of school year ☐ Other date/duration _____

Restrictions and/or Important Side Effects:

☐ Yes, Please describe _____

☐ No restrictions

Special Storage Requirements: ☐ None ☐ Refrigerate ☐ Other _____

Physician's Signature_____ Date_____

Physician's Name _____ Phone #_____

Office Address_____

The following information must be completed by parent/guardian

I authorize the Director or the Director's designee to administer the above medication to my child, _____, according to the instructions and cautions provided by my child's physician. I confirm that I have given at least one dose of the medication without any evidence of side effects or adverse reactions. I understand that it is my responsibility to (1) provide the medication in its original container, bearing the prescription label with my child's name, date filled, and directions for administration, and (2) supply the appropriate measuring device to give an accurate dose of the medication. I authorize the Director or Director's designee to contact the pharmacist, physician, or health care provider for more information about this medication or my child's health, if necessary. I release Mililani Community Church (MCC), the MCC Preschool, and its officers and employees from any claims or liability connected with this permission.

I usually do the following to make giving medication to my child easier_____

Parent Signature _____

Print Name _____ Date_____