



# ROULHAC'S PRESCHOOL

*Established in 1940*

390 South Yates Road  
Memphis, TN 38120  
Phone: 901.683.1515  
Fax: 901.683.1297

## MEDICATION AUTHORIZATION FORM

DATE \_\_\_/\_\_\_/\_\_\_

CHILD'S NAME \_\_\_\_\_ CLASS \_\_\_\_\_

Prescription Number \_\_\_\_\_ Refrigerate \_\_\_ Yes \_\_\_ No

Condition for which medication is prescribed \_\_\_\_\_

Medication is to be given: \_\_\_\_\_  
(day) (time)

Last date it is to be given: \_\_\_\_\_  
(day) (time)

Amount of dosage \_\_\_\_\_

It is helpful if medication is administered at home rather than at Roulhac's whenever possible. If medication is administered here, parents are required to sign this medication authorization form and send the medication in its original, pharmacy labeled container. Over the counter medication must be sent in the original packaging.

I understand that my child will be assisted in taking the medication described above at Roulhac's by authorized person(s). The undersigned agrees to release, indemnify, and hold harmless Roulhac's and its employees from any claim, liability, or expense arising out of or in any way connected with the giving or failure to give prescribed medication to my child.

Signature of staff receiving medication:

STAFF SIGNATURE \_\_\_\_\_ DATE \_\_\_/\_\_\_/\_\_\_

PARENT SIGNATURE \_\_\_\_\_ DATE \_\_\_/\_\_\_/\_\_\_

DATE	TIME	AMOUNT GIVEN	STAFF INITIALS