



Knottin School – Out of School Care Centre

Medication & Herbal Remedies Authorization Form

**\*Medication & Herbal Remedies Must Be In Its Original Container\***

<b>Child's Name:</b>				
<b>Medication/Herbal Remedy:</b>				
<b>Amount to be given:</b>				
<b>Reason for Administration:</b>				
<b>Symptoms to indicate administration is needed:</b>				
<b>Special Instructions:</b>				
<b>Parent's Signature authorizing administration:</b>				
<b>Start Date:</b>		<b>End Date:</b>		
<b>Record of Administration</b>				
Medication	Date Given	Time Given	Dosage Given	Staff Initials
<b>Date Medication/Remedy was returned to parent:</b>				

**\*Form will be updated by parent as changes occur or by staff every 3 months\***