



Holy Trinity Lutheran Preschool

2416 Hwy 53 South

LaGrange, KY 40031

AUTHORIZATION FOR MEDICATION

In the event that it becomes necessary for HTLC Early Childhood Preschool personnel to administer any type of medication to your child, we must have this form signed giving permission for us to do so.

Child's full name	
Date	

PARENT OR GUARDIAN CUSTODIAN INFORMATION

Name			
Address			
Home phone number		Cell	
Place of employment			
Work phone number			
Emergency phone number			

DOCTOR INFORMATION

Name			
Address			
Phone number			

MEDICATION INFORMATION

These instructions should be followed in giving my child this medicine:

1	Type of medication			
2	Dosage			
3	Time of day of dosage			
4	Number of days medication is to be taken			

I hereby authorize the HTLC Early Childhood Preschool personnel to administer medicine to my child.

Parent/Guardian/Custodian Signature	
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PARENT / GUARDIAN/ CUSTODIAN MUST PICK UP UNUSED MEDICATION