



**PARENT/GUARDIAN MUST COMPLETE THIS SECTION**

19. I, parent/legal guardian, authorize the day care program to administer the medication as specified on this form to \_\_\_\_\_ (child's name) .

20. Parent or legal guardian's name (please print):

21. Date authorized:

22. Parent or legal guardian's signature:

**PARENT/GUARDIAN: ONLY COMPLETE THIS SECTION IF YOU REQUEST TO DISCONTINUE THE MEDICATION PRIOR TO THE DATE INDICATED IN #15**

23. I, parent/legal guardian, request that the medication indicated on this consent form be discontinued on \_\_\_\_\_ . Once the medication has been discontinued, I understand that if my child \_\_\_\_\_ (date) requires this medication in the future, a new written medication consent form must be completed.

24. Parent or Legal Guardian's Signature:

**LICENSED AUTHORIZED PRESCRIBER TO COMPLETE, AS NEEDED**

25. Describe any additional training, procedures or competencies the day care program staff will need to care for this child.

26. Since there may be instances where the pharmacy will not fill a new prescription for changes in a prescription related to dose, time or frequency until the medication from the previous prescription is completely used, please indicate the date by which you expect the pharmacy to fill the updated order.

DATE: \_\_\_\_\_

By completing this section the day care program will follow the written instruction on this form and *not* follow the pharmacy label until the new prescription has been filled.

27. Licensed Authorized Prescriber's Signature:

**CHILD DAY PROGRAM TO COMPLETE THIS SECTION**

28. Provider/Facility name:

Apostles Preschool & Childcare

29. Facility Phone Number:

757-410-1797

I have verified that #1-#22 and, if applicable, #25-#27 are complete. My signature indicates that all information needed to give this medication has been given to the day care program.

30. Authorized child care provider's name (please print):

31. Date received from parent:

32. Authorized child care provider's signature: