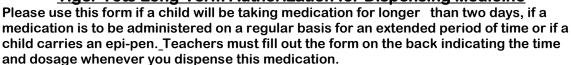


## **Tiger Tots Long-Term Authorization for Dispensing Medicine**



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Da					One	copy of this
Stu	ıdent's Name: _					rm must be
Tea	acher's Name: _					ept in the
						ld's folder.
	**************				****	
	rt 1: To be comp					
	thorize my child's				,	
rec	eives the medicati	on prescribed by	<i>'</i>	·		
(Pa	rent/Guardian's Na	ame – Please prir	nt)			
(Pa	rent/Guardian's Si	gnature)	(D	ate)		
*PI	ease list any additi	onal medications	vour child is	taking at ho	me.	
• • •	sass not any addition		your ormano	taning at no.		
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	**********				****	
Pa	rt 2: To be comp				T	7
	Diagnosis	Medication	Dosage	How it is Given	Time or Frequency	
1				0.00	rroquericy	
	Possible Side Effects	Duration of Treatment	Other	Recommend	ations	
	Ellects	rreatment				_
	Diagnosis	Medication	Dosage	How it is	Time or	
2				Given	Frequency	
_						
	Possible Side	Duration of	Other	Recommend	ations	
	Effects	Treatment				
(Ph	ysician's Name – P	Please print)	(P	hone Numbe	er)	
(Ph	ysician's Signatur	e)	(D	ate)		

1	Medication	Dosage	Time	Teacher's Signature	Date Returned to Parents
•					
•					
•					
-					
2	Medication	Dosage	Time	Teacher's Signature	Date Returned to Parents
2	Medication	Dosage	Time	Teacher's Signature	
2	Medication	Dosage	Time	Teacher's Signature	
2	Medication	Dosage	Time	Teacher's Signature	
2	Medication	Dosage	Time	Teacher's Signature	
2	Medication	Dosage	Time	Teacher's Signature	
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2	Medication	Dosage	Time	Teacher's Signature	