



Tiger Tots Long-Term Authorization for Dispensing Medicine

Please use this form if a child will be taking medication for longer than two days, if a medication is to be administered on a regular basis for an extended period of time or if a child carries an epi-pen. Teachers must fill out the form on the back indicating the time and dosage whenever you dispense this medication.

Date: _____

Student's Name: _____

Teacher's Name: _____

One copy of this form must be kept in the child's folder.

Part 1: To be completed by a Parent/Guardian

I authorize my child's teacher to see that my child, _____, receives the medication prescribed by _____.

(Parent/Guardian's Name – Please print)

(Parent/Guardian's Signature)

(Date)

*Please list any additional medications your child is taking at home:

Part 2: To be completed by the child's Physician

1	Diagnosis	Medication	Dosage	How it is Given	Time or Frequency
	Possible Side Effects	Duration of Treatment	Other Recommendations		
2	Diagnosis	Medication	Dosage	How it is Given	Time or Frequency
	Possible Side Effects	Duration of Treatment	Other Recommendations		

(Physician's Name – Please print)

(Phone Number)

(Physician's Signature)

(Date)

PARENTS PLEASE NOTE: MEDICINE MUST BE IN IT'S ORIGINAL CONTAINER AND THE CONTAINER MUST BE CAREFULLY LABELLED.

