

**RETURN FORM AND MEDICATION PRIOR TO
THE FIRST DAY YOUR CHILD ATTENDS.**

**Kids Play/Just 4 Kids Medication Authorization Form
FAX 763-497-6584**

Written authorization required for students needing medication while at Kids Play.
Short term medication (administered for less than 2 weeks) must be signed by parent or guardian.

Long term medication (administered for greater than 2 weeks) must be signed by parent or guardian and physician.

Prescription medication must be in containers with the pharmacy label and over the counter medications must be in their original containers. Ask your pharmacist for a separate bottle for Kids Play. Medications brought in unlabeled bottles, baggies etc. will not be given. Medication should be given to the staff, and not to be carried by the student, or kept in student's locker. We cannot give expired medications.

Child's First and Last Name Birth date Grade

I request and authorize Kids Play staff to give _____
Name of Medication

_____ for _____ at _____
Dosage Route Diagnosis Time of day

Date Order expires

I release the Kids Play personnel from liability in the event any reaction results from the medication.

Parent/Guardian Signature Date

Physician Signature (required for long term medication) Date

Physician Name and Phone Number