



PARTNERS IN LEARNING, INC.

Where Children Learn & Grow Together Since 1999

Therapeutic Learning Center
Turnersville, NJ 08012
856-374-2821

Cherrywood Academy & Private Preschool
Clementon, NJ 08021
856-566-1004

Country Acres Private Preschool
Williamstown, NJ 08094
856-881-0400

Partners in Learning Private Preschool
Northfield, NJ 08225
609-377-8337

MEDICATION AUTHORIZATION FORM

TO BE COMPLETED BY THE HEALTH CARE PROVIDER:

Name of Child _____	Date of Birth _____
Medication/Strength _____	
Dosage to be Given _____	Time to be Given _____
Route of Administration _____	Diagnosis _____
Side Effects _____	
Duration of Order (no longer than duration of school year) _____	
Doctor's Signature/Stamp/Date: _____	

TO BE COMPLETED BY PARENT/GUARDIAN: I hereby give consent for the following:

_____ Center staff may administer the medication to my child according to the physician's directions above.

_____ The Center's Director has my permission to contact the physician should there be any questions or concerns regarding this medication. I understand that this medication must be delivered to school personnel by the parent/guardian and that students are NOT to transport medication unless it is an approved emergency medication. I understand that this medicine must be in the original, labeled container. The medication provided must match the physician's order. I hereby release the Center, their agents, and employees from any and all liability that may result from my child taking this medication.

Parent/Guardian Signature: _____ Date _____

Parent/Guardian Phone: Home _____ Cell _____ Work _____

Center Director Signature: _____

Date _____