



St. Philip Early Learning Center
7531 S. Kendall Blvd. @ Ken Caryl Ave.
Littleton, CO 80128
Ph. 303-972-9774 FAX 303-979-6396
SPELC@StPhilip-co.org

**AUTHORIZATION FOR THE ADMINISTRATION OF MEDICATION
OTHER THAN EPIPEN**

Child's Name _____ Birth Date _____

Classroom _____ Day Child Attends _____

Home Phone _____

Mom's Name: _____ Dad's Name: _____

Cell Phone Number Mom: _____ Dad: _____

Work Phone Number Mom: _____ Dad: _____

I authorize St. Philip Early Learning Center (SPELC) administrative staff to manage medication supplied to them as prescribed by a physician, dentist, or other person licensed to prescribe medication in the State of Colorado. I agree that prescription medications supplied will be in the original pharmacy container which is properly labeled, current, and unaltered since prepared by the pharmacist. I further agree that I am responsible for the provision of all medications with appropriate instructions. I understand the SPELC staff are not responsible for the effects of any prescribed medications when properly administered.

I hereby request and give my permission to SPELC to administer the medications prescribed and supplied on this form.

The following medication has been prescribed for this child. (Please complete)

Medication: _____

Condition for which prescribed: _____

Possible side effects: _____

Instructions for use: _____

Dosage: _____ Time: _____ Frequency: _____ No. of days: _____

Pharmacy: _____ Phone No.: _____

RX Number: _____

Parent/Legal Guardian Signature

The above signature is also authorization to Fax FORM 7 to SPELC

Date

Signature of Licensed Health Care Provider

Date

Physician's Address

Phone

Program staff: Fill out dosage, date, time, and name whenever dispensing medication.