

To: Albuquerque Nursery School  
1423 Wyoming Blvd., N.E.  
Albuquerque, NM 87112

Subject: **Authorization to administer medication for a term not exceeding Sixty (60) calendar days.**

Child's Name: \_\_\_\_\_

Medication to be administered: \_\_\_\_\_

Days on which medication is to be administered: \_\_\_\_\_

Time(s) medication is to be administered: \_\_\_\_\_

Dosage amount to be administered: \_\_\_\_\_

I understand the Albuquerque Nursery School will maintain a complete log of all medication administered to the child named above. I also understand that this authorization must be accepted by the Director of Albuquerque Nursery School prior to being in effect. **I hereby release Albuquerque Nursery School and its employees from any and all liability in the performance of these instructions.**

Date Signed: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian

For Albuquerque Nursery School:

These instructions confirmed to be in compliance with the prescription:

\_\_\_\_\_  
(ANS Supervisor's Signature)

Accepted:

\_\_\_\_\_  
(ANS Supervisor's Signature)

Date Accepted: \_\_\_\_\_