

Loudoun County  
Department of Parks, Recreation and Community Services  
**LONG TERM MEDICATION AUTHORIZATION**

Childcare Program Site \_\_\_\_\_

I certify that, in my opinion, it is medically necessary that the medication described below be administered to \_\_\_\_\_ during center hours and that this medication may be administered by center staff.

Prescription: Medication: \_\_\_\_\_

Dosage and Time: \_\_\_\_\_

Duration: \_\_\_\_\_

Date of Prescription: \_\_\_\_\_

\_\_\_\_\_  
Signature of Physician

\_\_\_\_\_  
Date

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I \_\_\_\_\_, the parent or guardian of \_\_\_\_\_, request that center staff administer the medication prescribed above to my child during center hours. I understand that the person who will administer the medication may be inexperienced. I also agree to furnish said medication in the container supplied by the drug store with the label intact.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date