Authorization for Medication
(Medication must be in package as originally dispensed.)

Child's Name: _____

Name of Medication: _____

Amount of Medication to be given: _____

Time Medication is to be given: _____

_____   _____
Parent's Signature   Date

Date and time medication give: ## Amount given and staff initials:

_____   _____   _____   _____
_____   _____   _____   _____
_____   _____   _____   _____
_____   _____   _____   _____
_____   _____   _____   _____