Authorization For Medication

Child's Full Name _____

Name of Medication _____

Prescription Number· _____

Time Medication is to be Given _____

Amount of Medication to be Given _____

Dates to be Given _____

Signature (Parent/Guardian)   **Date**

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For Center Use

	Date	Time Given	Amount	Any Adverse Reactions	Administered by
1.					
2.					
3.					
4.					
5.					
6.					

If noticeable adverse reaction to medication what action was taken? Describe: _____

_____

_____

_____

_____

_____

_____