

CHILD MEDICATION AUTHORIZATION FORM

Child's Name: _____ Today's Date: _____

Name of medication to be administered: _____

Dosage: _____

Time to be given: _____

Dates to be given: From: _____ to _____
dd/mm/yr dd/mm/yr

Parent Signature _____ Date _____

Documentation That Medication Was Administered

Date Administered	Time Administered	Dosage Given	Signature of Caregiver Administering the Medication

NOTE: Use a separate sheet for each medication to be administered. This documentation is to be kept on file at the center for six months.