

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 of Medication Administration

| Date Administered | Dosage Given | Time Administered | Signature of Caregiver Administering the Medication |
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NOTE: Use a separate sheet for each medication to be administered to one child, and for each child being given a medication.