



**AUTHORIZATION FOR MEDICATION**

Parent/Guardian Potion (top) must be completed in its entirety before the center can dispense any medication

Child's Full Name: \_\_\_\_\_

Name of Medication: \_\_\_\_\_

Prescription Number: \_\_\_\_\_

Time(s) of Medication to be given: \_\_\_\_\_

**(Medication will not be given on an "As Needed" basis, specifics must be provided)**

Amount of Medication to be given: \_\_\_\_\_

Dates to be given: \_\_\_\_\_

**(Medication will not be given on an "As Needed" basis, specifics must be provided)**

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

.....  
**FOR CENTERS USE (Reminder: document the reasons why medications are not given as parent requested i.e., child absent, medication not sent, child sleeping etc...)**

	DATE	TIME GIVEN	AMOUNT	ANY ADVERSE REACTIONS	ADMINISTERED BY
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____
7.	_____	_____	_____	_____	_____

*(Additional Spaces Continued On Back)*

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



DATE	TIME GIVEN	AMOUNT	ANY ADVERSE REACTIONS	ADMINISTERED BY
8. _____	_____	_____	_____	_____
9. _____	_____	_____	_____	_____
10. _____	_____	_____	_____	_____
11. _____	_____	_____	_____	_____
12. _____	_____	_____	_____	_____
13. _____	_____	_____	_____	_____
14. _____	_____	_____	_____	_____
15. _____	_____	_____	_____	_____
16. _____	_____	_____	_____	_____
17. _____	_____	_____	_____	_____
18. _____	_____	_____	_____	_____
19. _____	_____	_____	_____	_____
20. _____	_____	_____	_____	_____