



Medication Authorization

Child's Full Name _____

Name of Medication _____

Prescription Number _____

Time Medication is to be Given _____

Amount of Medication to be Given _____

Date(s) to be Given _____

Signature of Parent or Guardian

Date

For Center Use

Date	Time Given	Amount	Adverse Reactions	Administered By

If there was noticeable adverse reaction to medication, what action was taken? Describe below.

