

Fill out as needed - (good for 1 month from date signed)



MEDICATION AUTHORIZATION FORM

Child's Name:	Today's Date:		
Doctors Name:			
Medication:	Prescription #:		
Beginning Date:	Ending Date:		
Time(s) To Be Given	Dosage:	Frequency:	
Instructions:			

Medication Dispensed:	Dosage Dispensed:	Time Dispensed:	Provider Signature:
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I authorize my Childcare Provider, Patti Julagay, to administer the above medication according to the instructions listed on the bottle

Signature of Parent: <input checked="" type="checkbox"/>	Date: <input checked="" type="checkbox"/>
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