|  |
| --- |
| **CHILD MEDICATION AUTHORIZATION FORM** |
|  |
| Child’s Name: |  | Today’s Date: |  |
|  |
| Name of Medication to be Administered: |  |
|  |
| Dosage: |  |
|  |
| Times to be given: |  |
|  |
| Dates to be given - From: |  | To: |  |
|  | dd/mm/yy |  | dd/mm/yy |
|  |  |  |  |
| Parent Signature: |  | Today’s Date: |  |

**Documentation That Medication Was Given:**

|  |  |  |  |
| --- | --- | --- | --- |
| Date Administered | Time Administered | Dosage Given | Signature of Caregiver Giving the Medication: |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

 **NOTE:** Use a separate sheet for each medication to be administrated. This documentation is to be kept on file at the center, in the child’s file when complete.