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| **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: |
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**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.