Flowers in the Garden CDC #1

MEDICATION AUTHORIZATION FORM

Child's Name _____ Date of Birth _____

Name of Medication _____ Dosage _____

Time to Administer Medication _____ Amount to be Administered, or Instructions _____

Child's Name	Name of Medication	Dosage Given	Time Administered	Signature	Date

Signatures on Medication Authorization Forms are **required monthly**. If your child needs continuous or long-term medication, please plan accordingly. **We cannot administer any medication without a current signed form on file.**

Parent Signature _____ Date _____

Staff Signature _____ Date _____

Diractor/Supervisor Signature _____ Date _____

UPDATED: 5/30/2025

"Education is not the filling of a pail, but the lighting of a fire." ~ William Butler Yeats

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