



MEDICATION AUTHORIZATION FORM

1. Please fill out the form completely.
2. Ensure all medication is in the original container and labeled with the child's name and current date.
3. Give medications to office staff for appropriate storage.
4. Give the first dose or application at home in case of allergic reaction.

Child's Name: _____ Date: _____

Name of Medication: _____

Expiration of Medication: _____

Dispense Method: _____

Dosage: _____ Frequency: _____

Parent Signature: _____