small world
daycare & learning center

Authorization for Medication

To be completed by Parents if no "Permission for Medical Condition Treatment" form on file, otherwise attach permission slip to this sheet:

To be completed by Parents:

Child's Name: _____

Name of medication or prescription number: _____

Medication dosage: _____ **Time medication is due:** _____

Period of time for medication: _____

Date: _____ **Parent Signature:** _____

To be completed by Staff:

Date medication given:	Time medication given:	Dosage given:	Staff signature:	# of Pills