Stepping Stones Academy
...itty bitty steps towards success

MEDICATION AUTHORIZATION

Date: _____

Child's Full Name _____

Name of Medication _____

Prescription Number _____

Time Medication is to be Given _____

Amount of Medication to be Given _____

Date(s) to be Given _____

_____ _____

Signature of Parent or Guardian Date

For Center Use

	Date	Time Given	Amount	Any Adverse Reactions	Administered By
1.	_____				
2.	_____				
3.	_____				
4.	_____				
5.	_____				
6.	_____				
7.	_____				
8.	_____				
9.	_____				
10.	_____				

If noticeable adverse reaction to medication what action was taken?

Describe:_____