

Medication Authorization Form

Section A to be completed by parent/guardian	
l,	, authorize Beth Emeth Early Childhood Center to
administer the following medication for my child, _	
Medication name:	
Dosage:Time(s)	to be administered:
Special instructions (if any):	
This authorization is effective from:	until:
Parent/Guardian signature:	Date:
Section B to be completed by child's physician	
	authorize Reth Emeth Early Childhood Center to
Ι,	, authorize Beth Emeth Early Childhood Center to
I,administer the following medication for my child,	, authorize Beth Emeth Early Childhood Center to
I,administer the following medication for my child, Medication name:	, authorize Beth Emeth Early Childhood Center to
I,administer the following medication for my child,	, authorize Beth Emeth Early Childhood Center to to be administered:
I,administer the following medication for my child, Medication name:	, authorize Beth Emeth Early Childhood Center to to be administered:
I,administer the following medication for my child, Medication name:Time(s) Special instructions (if any):	, authorize Beth Emeth Early Childhood Center to to be administered:
I,administer the following medication for my child, Medication name:Time(s) Special instructions (if any):	to be administered:until:until: