

KIDDIES KORNER PLAYSCHOOL

Medication Authorization Form

Child's Full Name: _____

Parent/Guardian Name: _____

Phone Number: _____

Medication Name	Dosage	Date(s) to be Given	Time(s) to be Given	Notes (Special Instructions)

I hereby authorize Kiddies Korner Playschool staff to administer the above medication(s) to my child as specified. I understand that all medication must be in its original container with the child's name clearly labeled and that staff will follow the instructions provided by me and/or the prescribing physician.

Parent/Guardian Signature: _____ Date: _____

Teacher/Staff Signature: _____ Date: _____

