

Medication Authorization Form

Child's Full Name: _____

Date of Birth: _____

Parent/Guardian Name: _____

I authorize My Piccolo Mondo Daycare to administer the following medication(s) to my child as specified below.

I understand that all medications must be in their original containers with proper labeling.

Medication Name: _____

Dosage Amount: _____

Time(s) to Administer: _____

Reason for Medication: _____

Start Date: _____

End Date: _____

Special Instructions: _____

I understand that My Piccolo Mondo is not responsible for adverse reactions caused by the medication administered as directed.

Parent/Guardian Signature: _____

Date: _____