

# 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: \_\_\_\_\_