Medication Authorization and Administration Form

Section A: To be completed by parent/guardian

Medication authorization for: _____ (Child's name)

All About Kids Sports Center has my permission to administer the following medication:

Instructions for giving my child this medication:

1. Name of medication: _____
2. Dosage to be given: _____
3. Time of day for dosage: _____
4. Route of administration (e.g., mouth, nose, eyes, ears):_____
5. Special instructions (e.g., take on empty stomach): _____
6. Date to start medication: _____
7. Date to stop medication: _____
8. Reason medication is needed: _____
9. Reactions/side effects: _____

Parent's or Guardian's Signature: _____ Date: _____

Section B: To be completed with each administration by All About Kids Staff Member

Date	Time	Name of medication	Quantity	Staff signature	Observations