

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:				
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