

## Authorization to Administer Medication

I. *Personal/Medication Information* (please print)

Today's Date: \_\_\_/\_\_\_/\_\_\_

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Food/Drug Allergies: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Name of Licensed Prescriber: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Medication: \_\_\_\_\_

Dosage: \_\_\_\_\_ ~~100 reW\*in F 1000~~ ntName of L \_\_\_\_\_