

Authorization to Administer Medication to Minor

Child Name: _____

Birthdate: _____

Guardian Name: _____

Facility Name: _____

Address: _____

I, _____, the legal guardian of the child named above, hereby authorize certified employees of _____ to administer the following medication(s) to said child:

Medication: _____ Dose: _____ Time(s): _____

Medication: _____ Dose: _____ Time(s): _____

Medication: _____ Dose: _____ Time(s): _____

Medication: _____ Dose: _____ Time(s): _____

This authorization shall remain in effect from _____ to _____.

Guardian _____ Date _____

Employee _____ Date _____