

Tree of Knowledge Learning Center

Medication Authorization

Date \_\_\_\_\_

Child's Full Name \_\_\_\_\_ Class \_\_\_\_\_

Name of Medication \_\_\_\_\_ Dosage \_\_\_\_\_

Time to be given \_\_\_\_\_ Dates: Start \_\_\_\_\_ End \_\_\_\_\_

\_\_\_\_\_  
Parent Signature

Date Given	Time Given	Dosage	Reaction ?	Administered by (signature)	Parent Signature/end of day

Unused medication has been returned \_\_\_\_\_

Name of Medication \_\_\_\_\_ Dosage \_\_\_\_\_

Time to be given \_\_\_\_\_ Dates: Start \_\_\_\_\_ End \_\_\_\_\_

\_\_\_\_\_  
Parent Signature

Date Given	Time Given	Dosage	Reaction?	Administered by (signature)	Parent Signature/end of day

Unused medication has been returned \_\_\_\_\_