Village
Infant/Toddler Center & Preschool

MEDICATION AUTHORIZATION

I would like my child _____
to be given the following medication as prescribed:

Prescription Medication: _____

Over The Counter Medication: _____

Amount of Medication To Be Given: _____

Time Medication To Be Given: _____

Date(s) Medication To Be Given: _____

I hereby release Village Infant/Toddler Center and Preschool and the members of the Staff who administers the medication from all responsibility.

_____

Date Signature of Parent/Guardian

_____

Date Signature of Doctor (For Prescription Medication Only)

DATE	TIME GIVEN	MEDICATION GIVEN	STAFF SIGNATURE