

AUTHORIZATION FOR MEDICATION

Our Savior Lutheran School Plantation, FL

No prescription or medication shall be given by child care personnel without the signed permission of parent or guardian.

Name of child: _____

Name of medication or prescription number: _____

Amount of medication to be given: _____

Time medication is to be given: _____

Date: _____ Signature of parent or guardian: _____

Date & Time	Type of Medication	Amount Given	Signature of staff giving medication