MEDICATION LOG – PARENT AUTHORIZATION

I hereby authorize Toddler Village to administer _____
Name of medication

at_____ in the amount of _____
Time Dosage

to be administered in the following manner _____ to _____
Orally, Topically, etc Child's name

on the following dates_____

Prescription Number: _____ Where filled:_____

Medication to be stored in [ ] refrigerator [ ] cabinet

*** A new form must be filled out for each new prescription ***

A form must be filled out for non-prescription Medication

All Medication must have Doctor Written Authorization to Administer

_____ _____
Parent or Guardians Name Date

Name of Medication	Amount of Dosage	Method	Date	Time	Initials