

Florida A&M University
Educational Research Center for Child Development
AUTHORIZATION TO GIVE MEDICATION

Medicine must be in original containers clearly labelled with the name and dosage for the child prescribed. Over the counter medicine must be for the age of the child or accompanied by a doctor's note.

I hereby authorize the staff of FAMU-ERCCD to give:

_____ (Child's name)

_____ (Medication name)

Dosage: _____

Method for giving Medication: _____

Days and dates to be given: _____

Times to be given: _____

Signature of Parent or Guardian: _____

Date Authorized: ____ / ____ / ____

Date Given	Time Given	Dosage Given	Giver's Name and Signature	Parent Initials (Confirm the administration of medication)

