



MEDICATION LOG - PARENT AUTHORIZATION

I hereby authorize, _____
(Name of Caregiver)
to administer _____ at _____ in the amount of _____
(Name of Medication) (Time)
_____ to be administered _____
(Dosage) (Orally, Topically, etc.)
to _____ on the following dates _____
(Child's Name)

(Parent/Guardian Signature) Date _____

Name of Medication	Amount of Dosage	Method of Administration	Date	Time	Initial

This record shall be maintained for four (4) months.



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