

## AUTHORIZATION TO ADMINISTER MEDICATION

Date \_\_\_\_\_ Child's Name \_\_\_\_\_

\_\_\_\_\_ has my permission to administer the following  
**prescription medications** to my child.

\_\_\_\_\_

Dosage instructions \_\_\_\_\_

\_\_\_\_\_ has my permission to administer the following  
**over the counter medications** to my child.

\_\_\_\_\_

Dosage instructions \_\_\_\_\_

\_\_\_\_\_ has my permission to apply the following  
**creams, lotions or ointments** on my child.

\_\_\_\_\_

Application instructions \_\_\_\_\_

\_\_\_\_\_ has my permission to apply the following  
**sunscreen or sun block** on my child.

\_\_\_\_\_

Application instructions \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date