



Children First
236 W. Jackson Blvd.
Spearfish, SD 57783
(605) 642-1191

An Outreach Ministry of the United Methodist Church

Medication Authorization Form

Child's Name: _____ Date: _____

Name of medication to be administered: _____

Dosage: _____

Time(s) to be given: _____

Date(s) to be given: _____

Parent Signature: _____ Date: _____

Documentation that medication was administered

Date	Time	Dosage	Signature of caregiver administering the medication