



**AHAYAH ACADEMY LEARNING CENTER
MEDICATION AUTHORIZATION**

Child's Full Name

Name of Medication

Prescription Number

Time Medication is to be Given

Amount of Medication to be Given

Date(s) to be Given

Signature of Parent or Guardian

Date

For Center Use

	Date	Time Given	Amount	Any Adverse Reactions	Administered By
1.	<hr/>	<hr/>			
2.	<hr/>	<hr/>			
3.	<hr/>	<hr/>			
4.	<hr/>	<hr/>			
5.	<hr/>	<hr/>			
6.	<hr/>	<hr/>			
7.	<hr/>	<hr/>			
8.	<hr/>	<hr/>			
9.	<hr/>	<hr/>			
10.	<hr/>	<hr/>			

If noticeable adverse reaction to medication what action was taken? Describe.
