



# ROCKING HORSE MONTESSORI

**This form must be submitted to the Supervisor with the Doctor's Note**

**MEDICATION AUTHORIZATION**

I authorize the administration:

of \_\_\_\_\_  
Medication

to \_\_\_\_\_  
Child's Name

by \_\_\_\_\_  
Name of Day Nursery

Start Date: \_\_\_\_\_

End Date: \_\_\_\_\_

Use the Following Instructions:

Dosage: \_\_\_\_\_  
\_\_\_\_\_

Time(s) of administration:  
\_\_\_\_\_

Storage: \_\_\_\_\_

Side effects: \_\_\_\_\_

Stop medication if the following  
reaction(s) is observed:  
\_\_\_\_\_

\_\_\_\_\_

Parent's Signature      Staff Signature  
Date:

<b><u>ADMINISTRATION RECORD</u></b>				
Date	Time Given	Amount Given	Print name	Comments