



The Courageous Steps Project Childcare Programs
Green House Village Preschool

Authorization of Administering Medication

I hereby authorize The Courageous Steps Project Childcare Programs (Step Forward Center for Discovery & Learning & Green House Village Preschool) to administer the following Medication to:

_____ Name of Child

Prescribing Physician: _____

Name of Medication: _____

Dosage: _____ **When To Give:** _____

Continue This Medication Until: _____

MEDICINE MUST BE IN IT'S ORIGINAL CONTAINER WITH CHILD'S NAME ON IT!

I have given the first dosage on (DATE) _____

_____ **Signature of Parent or Guardian**

_____ **Date**

Record of Medication. Use this to check dosages given and as a reference for sharing this

Amount	Time	Date	Initials

Amount	Time	Date	Initials

information with the child's parent.

NOTE: New form should be used for each cycle of medication. Reproduce as needed.