Medication Authorization Form

l,	, give autnorization for	
I,, give authorization for to give my childthe follow		owing medication(s):
Medicine:	Dosage:	How Often:
	Parent(s) Signature	
	r arent(a) oignature	Date
	Provider's Signature	Date ©FunShine Expre
I,	tion Authorization , give authorization for the follo	
<u> </u>		
Medicine:	Dosage:	
Medicine:		owing medication(s):
Medicine:		owing medication(s):
Medicine:	Dosage:	How Often: