Medication Authorization Form

I, the undersigned, having legal custody of_____, a minor, hereby authorize

Donyu or Ezra Catino and any adult in her employ to administer _____
(medication)

effective date of signing, until _____ per the following:
(last day, or when empty)

____ administer per label

____ administer per instructions below

Instructions:

_____
_____
_____
_____
_____

I agree to inform Donyu or Ezra Catino of any changes in the above instructions, in which case a new authorization form will be completed.

_____ _____
(date) (parent or legal guardian)

Record of Medication:

_____above medication was given to named minor as follows:
(dose)

date:_____time:_____by:(initials)_____	date:_____time:_____by:(initials)_____
date:_____time:_____by:(initials)_____	date:_____time:_____by:(initials)_____
date:_____time:_____by:(initials)_____	date:_____time:_____by:(initials)_____
date:_____time:_____by:(initials)_____	date:_____time:_____by:(initials)_____
date:_____time:_____by:(initials)_____	date:_____time:_____by:(initials)_____
date:_____time:_____by:(initials)_____	date:_____time:_____by:(initials)_____
date:_____time:_____by:(initials)_____	date:_____time:_____by:(initials)_____
date:_____time:_____by:(initials)_____	date:_____time:_____by:(initials)_____
date:_____time:_____by:(initials)_____	date:_____time:_____by:(initials)_____
date:_____time:_____by:(initials)_____	date:_____time:_____by:(initials)_____
date:_____time:_____by:(initials)_____	date:_____time:_____by:(initials)_____

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