

# Authorization for Medication

I authorize Tot Spot to give the following medicine to: \_\_\_\_\_  
Child's Name

Name of Medicine	RX or Trade Name	Amount	Method	Times of Day	Dates to be Given:	
					From	To

I understand that medicine must be in its original properly labeled container.

\_\_\_\_\_  
 Parent Signature

\_\_\_\_\_  
 Today's Date



***For Tot Spot Use:***

Record of medicine given to: \_\_\_\_\_  
Child's Name

Name of Medicine	Amount Given	Method	Date	Time of Day	Signature of Staff

