Medication Authorization

9924 Menaul Blvd NE
Albuquerque, NM 87112
(505) 296-8656

Child's Full Name _____ Birth date _____

Type of medication (check one) ☐ Prescription ☐ Non-prescription

Dosage to be administered _____

Time(s) medication is to be administered	☐ AM ☐ PM	☐ AM ☐ PM	☐ AM ☐ PM	☐ AM ☐ PM

Time of last dose given _____

Dates medication is to be administered Begin _____ End _____

Medication expiration date _____

Is child taking any other medication at this time? ☐ Yes ☐ No

If yes, name of medication(s) _____

_____

I request the staff of ABQ Children's Academy administer the above medication according to the prescribed information.

Signature: _____ Date: _____

MEDICATION LOG

Child's Name _____

Name of medication	Dosage given	Date	Time	Administered by	Parent Initial

ALL MEDICATIONS MUST BE IN THE ORIGINAL CONTAINER