COMMUNITY CHRISTIAN ACADEMY

KINGS

MEDICATION RECORD
and
PARENT AUTHORIZATION

Child's Name:_____

Name of Medication: _____

Amount of Dosage: _____ Administered When: _____

Administered How: _____

Administered From: _____ To: _____

Authorized By: _____ Date: _____

Parent(s)/legal guardian(s) signature

DATE MEDICATION ADMINISTERED	TIME MEDICATION ADMINISTERED	ADMINISTERED BY Signature / Initials