



## Apple Blossom Day Homes

( Div. Nickel Ent. Ltd.)

Created 1990, Revised April 2011

### Medication Administration Authorization

I, \_\_\_\_\_, hereby authorize \_\_\_\_\_  
Parent Provider

to administer the following medication to \_\_\_\_\_.  
Child

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_

Prescription Number: \_\_\_\_\_ Physician's Name: \_\_\_\_\_

DATE	Time Last Given	Parent Signature	Amount Administered	PROVIDER SIGNATURE
