



**Marco Polo  
Children's School**

## Medication Authorization Form

The policy is: medication will only be administered if it has been prescribed by a qualified medical practitioner, is in its original container.

I, \_\_\_\_\_, authorize Marco Polo Children's School  
(Parent's name)

to administer \_\_\_\_\_ to my child \_\_\_\_\_  
(Medication) (Child's name)

with the following instructions:

Dosage: \_\_\_\_\_ Time(s): \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Special Instructions (ie: on full/empty stomach, etc.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
Date

Time and date administered:

| Date | Time | Provider Initials |
|------|------|-------------------|
|      |      |                   |
|      |      |                   |
|      |      |                   |
|      |      |                   |