KIDDIE ACADEMY®
EDUCATIONAL CHILD CARE

PHYSICIAN AUTHORIZATION FOR MEDICATION

TO BE COMPLETED BY HEALTH CARE PRACTITIONER, ONLY IF NECESSARY		
Instructions for more than one dose of a non-prescription medication:		
Instructions for prescription medication, if different from instructions on label:		
Note any side effects of this medication:		
Note any reasons or conditions when this medication should be stopped or not given:		
Signature of Health Care Practitioner:		Date:
Printed or Typed Name of Health Care Practitioner:	Telephone Number:	
If this section is not signed by the health care practitioner, oral permission from the health care practitioner is required. Complete the following:		
Name of person receiving approval from health care practitioner:		
Date:		Time: