WEST ORLANDO BAPTIST CHURCH
Child Discovery Center
1006 East Crown Point Road • Ocoee, FL 34761
407-905-9446

AUTHORIZATION FOR MEDICATION

I authorize the West Orlando Baptist Child Discovery Center to give the following medicine to:

_____
Child's Name

Name of Medication	RX#	Dosage	Times of Day	Method	Dates to be given	
					From	To

I understand that the medicine must be in its original, properly labeled container.

Signed:_____ Date: _____
Parent or Guardian

FOR DAYCARE USE:

Name of Medication	RX#	Dosage	Time	Date	Staff Signature	