



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

Dates to

Name of Medication	RX#	Dosage	Time	Method	From	To
1						

Directions:

2

Directions:

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

Signed: _____

Parent or Guardian

Date: _____

FOR DAYCARE USE:

Name of Medication	RX#	Dosage	Time	Date	Staff Signature

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