

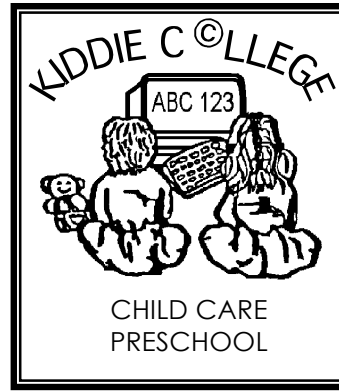
KIDDIE COLLEGE

OF SOUTH MIAMI, CORP.

13291 SW 42nd Street, Miami, FL 33175

Tel. (305) 552-6047 ♦ Fax (305) 223-1424

www.kiddiecollege.org



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AUTHORIZATION FOR MEDICATION

No medication shall be given by center personnel without the signed permission of the child's parent or guardian.

Please complete this form.

Child's Name: _____

Name of medication or number: _____

Dosage Amount: _____

Time to be given: _____

Date _____ Signature: _____

Date and time medication given:	_____	Amount given	_____
	_____	and staff	_____
	_____	members	_____
	_____	initials:	_____
	_____		_____

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	_____		_____

Directors: Lucia Soula, Ruben L. Soula

Infants - Pre-School-VPK- Summer Vacation Programs - After School

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