Medication Authorization		Medication Authorization	
I hereby agree that Cornerstone Daycare Learning Center is authorized to administer medication to:		I hereby agree that Cornerstone Daycare Learning Center is authorized to administer medication to:	
Prescription Number		Prescription Number	
Name of Medication		Name of Medication	
Amount		Amount	
For week of		For week of	
Signature	Date	Signature	Date
Medication Authorization		Medication Authorization	
I hereby agree that Cornerstone Daycare Learning Center is authorized to administer medication to:		I hereby agree that Cornerstone Daycare Learning Center is authorized to administer medication to:	
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Amount		Amount	
For week of		For week of	
Signature –	Date	Signature	Date