AUTHORIZATION FOR DISPENSING MEDICATION

PARENT'S AUTHORIZATION

Name of Child to Receive Medicine		Name of Medication
Prescribing Physician	Prescription No.	Expiration Date
Dosage	When to Give	Continue Medication Until (date)

NOTE: Medication must be in its original container and labeled with your child's name and the date medication is left at the facility. Medication can only be administered in amounts according to the label directions. We will not administer the initial dose of any medication. We will not administer any medication that is out of date. All medication is kept in a locked cabinet and is not accessible to children.

_____

Signature-Parent or Guardian Date

CAREGIVER'S RECORD OF ADMINISTERING MEDICATION

CHILD'S NAME	NAME OF MEDICATION	DATE GIVEN	TIME GIVEN	AMOUNT GIVEN	FULL NAME OF CAREGIVER OR EMPLOYEE

Disposition of Left-over Medication

☐ Returned to Child's Parent/Guardian ☐ Thrown Away Date:

MEDICATIONS DELIVERED BY A DEVICE

Child's Name: _____

Type of Device: _____

Give a short description of the indications for use of the device. Please include the signs and symptoms that the medication is needed.

_____

_____

Staff Members trained on the use of the device:

_____Date Trained:_____

_____Date Trained:_____

_____Date Trained:_____

_____Date Trained:_____

I have demonstrated the use of the above device and any special care after use to the above staff members and I realize that only staff members trained on the use of the above device can administer medication to my child.

Parents Signature: _____ Date: _____