

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 We will not administer any medication that is out of date.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: _____