



Authorization to Dispense Medication

PARENT'S AUTHORIZATION:

Name of Child Receiving Medication:		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.

Parent or Guardian Signature

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: