

**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.

\_\_\_\_\_  
Signature-Parent or Guardian \_\_\_\_\_  
Date

**CAREGIVER'S RECORD OF ADMINISTERING MEDICATION**

<b>CHILD'S NAME</b>	<b>NAME OF MEDICATION</b>	<b>DATE GIVEN</b>	<b>TIME GIVEN</b>	<b>AMOUNT GIVEN</b>	<b>FULL NAME OF CAREGIVER OR EMPLOYEE</b>

Disposition of Left-over Medication
<input type="checkbox"/> Returned to Child's Parent/Guardian <input type="checkbox"/> Thrown Away <span style="float: right;">Date: _____</span>