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)	
		12:00 P.M. 4:00 P.M. or					, ,
1075 14 11 11	AS NEEDED						
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							
0.4.DE011/ED10.DE00.DD							
CAREGIVER'S RECORD C					TIME 1	4 14 6 LINET	
CHILD'S	NAME OF		DATE		TIME	AMOUNT	FULL NAME OF
NAME	MEDICATION		GIVE	N	GIVEN	GIVEN	CAREGIVER OR
							EMPLOYEE
Disposition of Left-over Medication							
Returned to Child's Parent/Guardian Thrown Away Date:							