Form 7238 May 2005

AUTHORIZATION FOR DISPENSING MEDICATION

| PARENT'S AUTHORIZATION | N | | | | | |
|---|--------------------|--|-------------------|--------------------|----------------------------------|---------------------------|
| Name of Child to Receive Medicine | | | Nam | ne of Medication | | |
| | | | | | | |
| Prescribing Physician | | Prescription No. | | | Expiration Date | |
| | | | | | | |
| Dosage | | When to Give: Please circle a time 12:00pm, 4:00pm, or | | | Continue Medication Until (date) | |
| | | AS NEEDED | | | | |
| NOTE: Medication must be i | in its original co | | | | l name and the da | ate medication is left at |
| the facility. Medication can | only be adminis | stered in amo | ounts acco | rding to the lab | el directions. | |
| | | | | | | |
| | | | | | - Data | |
| | | | Signa | ture-Parent or Gua | ırdıan | Date |
| | | DING MEDIC | PATION. | | | |
| CAREGIVER'S RECORD O CHILD'S | | DATE TIME AMOU | | | NT FULL NAME OF | |
| NAME | NAME O | | GIVEN | GIVEN | GIVEN | CAREGIVER OR |
| 10/1012 | | | J. V <u>—</u> . V | 0.02.0 | | EMPLOYEE |
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| Disposition of Left-over Medication | | | | | | |
| Returned to Child's Parent/Guardian Thrown Away Date: | | | | | | |