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 the facility. Medication can	in its original only be admi	container anistered in	amounts a	d with your according t	o the lab	el directions.	ate medication is left at
CAREGIVER'S RECORD OF ADMINISTERING MEDICATION							
CHILD'S NAME	NAME MEDICA	OF	DATE GIVEN		IME VEN	AMOUNT GIVEN	FULL NAME OF CAREGIVER OR EMPLOYEE
	l .						
Disposition of Left-over Medication Returned to Child's Parent/Guardian Thrown Away Date:							