

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)	

Authorization must be provided for staff to administer prescription or over-the-counter medication to a child. 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
HER'S RECORD C CHILD'S NAME	DF ADMINISTERING MEE NAME OF MEDICATION	DICATION DATE GIVEN	TIME GIVEN	AMOUNT GIVEN	FULL NAME O TEACHER OF EMPLOYEE
				+ +	
				+	

Disposition of Left-over Medication			
Returned to Child's Parent/Guardian	Thrown Away	Date:	