## **AUTHORIZATION FOR DISPENSING MEDICATION**

PARENT'S AUTHORIZATI								
Name of Child to Receive Medicine				Name	Name of Medication			
Prescribing Physician		Prescription No.				Expiration Date	Expiration Date	
Dosage		When to Gi	ve			Continue Medica	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 ADMINIS	TERING M	FDICATIO	NC				
CHILD'S NAME OF DATE TIME						AMOUNT FULL NAME OF		
NAME			GIVE		GIVEN	GIVEN	CAREGIVER OR	
IVANE	WILDIO	111011	0.11		OIVEI	OIVEIV	EMPLOYEE	
	1						LIVII LOTEL	
Disposition of Left-over Medication								
Returned to Child's Parent/Guardian Thrown Away Date:								