

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 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 ADMINISTERING MEDICATION

[illegible]

Disposition of Left-over Medication

☐ Returned to Child's Parent/Guardian☐ Thrown Away

Date: