## **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)	
						<u> </u>	
NOTE: Medication must be the facility. Medication can	in its origina	l container inistered in	and labeled	d with your	child's n	ame and the da	ate medication is left at
the facility. We allow to the	only be dum		i amounto o	loooraing t	o tric lab	or directions.	
				Signature-Parent or Guardia			Date
CAREGIVER'S RECORD OF ADMINISTERING MEDICATION							
CHILD'S NAME			DATE		IME VEN	AMOUNT GIVEN	FULL NAME OF CAREGIVER OR
INAIVIE	INIEDICA	ATION	GIVEN	'   G	VEIN	GIVEN	EMPLOYEE
							LIVIFLOTEL
	l		1				
Disposition of Left-over Medication    Description of Left-over Medication							