



Medical Authorization/Record of Dispensation

Child's Full Name: _____ Classroom: _____

Name of Medication: _____ Prescription #: _____

Medicine is given at 11:00 AM and 3:00 PM.

Please circle the time you would like your child to be given medicine.

Dosage: _____ Start Date: _____ End Date: _____

Parent's Signature/Date _____

**All medicines, both prescription & non-prescription, must be in original containers.*

**All non-prescription medicines must be labeled with the child's name and date brought to the center.*

**Non-prescription medicines must state dosage for child's age or weight on the package OR be accompanied by a note from a physician advising the appropriate dosage.*

For Center Use Only:

Date Given	Time Given	Dosage	Administered By	Adverse Reaction

If any adverse reaction to medication, what action was taken? Describe in full detail.
