



### 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.**

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