Authorization for Dispensing Prescription Medication

PARENTS AUTHORIZATION

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Name of Staff Members Authorized to Give Medication:		Name of Child to Receive Medicine:			
Prescribing Physician:	Prescription No.:		Name of Medication:		
Dosage:	When to Give:		Continue Medication Until (date):		
Route:	Storage Conditions:		Special instructions:		

Note: Medicine must be in original labeled container. I give me permission for the named staff members or director to administer this medication to my child.

Signature –	Parent or	[.] Guardian
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Date

CAREGIVER'S RECORD

DATE	TIME	AMOUNT	DATE	TIME	AMOUNT

DISPOSITION OF LEFT (OVER MEDICATION:	DATE RETURNED/DISCARDED
Returned to Parent ف	Thrown Away ڤ	