

**AUTHORIZATION TO DISPENSE MEDICATION**  
(Prescription & Non-prescription)

I hereby authorize \_\_\_\_\_ to administer the following  
Name of Facility

medication to \_\_\_\_\_  
Name of Child

Prescribing physician \_\_\_\_\_  
(When applicable)

Name of Medication \_\_\_\_\_

Dosage \_\_\_\_\_ When to give \_\_\_\_\_

Continue this medication until \_\_\_\_\_

**MEDICATION MUST BE IN ITS ORIGINAL CONTAINER WITH CHILD'S NAME ON IT.**

I \_\_\_\_\_ have given the first dosage on \_\_\_\_\_  
(name of individual administering medication) (date)

\_\_\_\_\_  
Name of Parent or Guardian (Please print)

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

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Record of Medication: Use this to indicate dosage(s) given and as a reference for sharing this information with the child's parent.

Amount	Time	Date	Initials

Note: A new form should be used for each cycle of medication.  
Reproduce form as needed.  
Revised February 2012