Abiding Love Lutheran Children's Center

AUTHORIZATION FOR DISPENSING MEDICATION

PARENT'S AUTHORIZA	ATION				- 65				
Name of Child to Receive Med		Name of Medication							
		Prescription No.			Expiration	Expiration Date			
Prescribing Physician									
Dosage		When t	o Give			Continue Medication Until (date)			
NOTE: Medication must	be in its origina	contai	ner and labele	ed with your cl	hild's na	me and	the date n	nedication is	
left at the facility. Medica	ation can only b	e admir	nistered in am	ounts accordi	ng to th	e label d	airections.		
i a									
	-				or Guard	lian		Date	
CAREGIVER'S RECORD OF ADMINISTERING MEDICATION CHILD'S NAME OF DATE TIME AMOUNT FULL NAME OF									
CHILD'S			DATE	m and the second	TIME AMOUNT GIVEN			SIVER OR	
NAME			GIVEN	GIVEN			EMPLOYEE		
							9		1
					-				1
					1				
					<u> </u>				
	-								
					-				
Disposition of Left-over Medication									
Returned to Child's Parent/GuardianThrown Away Date:									