CALLIER CHILD DEVELOPMENT PROGRAM

AUTHORIZATION FOR DISPENSING MEDICATION

Parent's Authorization

Name of child to receive medicine:		
Prescribing physician	Prescription No.	Expiration Date:
Dosage	When to give	Continue medication until (date):

NOTE: Medication must be in its original container, labeled with child's name and date medication is left at the facility. Medication can only be administered in amounts according to label directions.

Signature - Parent or Guardian Date

Record of Administering Medication

Child's Name	Name of Medication	Date	Time	Amount	Full Name of Caregiver
Staff Verification:	Right Child _____ Right Medication ____ Right Method _____		Right Dose _____ Right Time _____		

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