Authorization for Dispensing Medication

Parent's Authorization

Name of Child		Name of Medication
Prescribing Physician:	Prescription #	Expiration Date:
Dosage:	When to Give:	Continue Medication Until (date) cannot be longer than 6 months:

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

_____ _____

Parent's Signature **Date**

Date Given	Time Given	Amount Given	Teacher's Name

Authorization for Dispensing Medication

Parent's Authorization

Name of Child		Name of Medication
Prescribing Physician:	Prescription #	Expiration Date:
Dosage:	When to Give:	Continue Medication Until (date) cannot be longer than 6 months:

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

_____ _____

Parent's Signature **Date**

Date Given	Time Given	Amount Given	Teacher's Name