

Distribution

- Child's File
- Medication Log

Medication Authorization

All Medication must be in its original container, labeled with the child's full name and current usage date. Over the counter medication must be accompanied by written authorization from the child's physician indicating dosage.

Child's Full Name: _____ Classroom: _____

Name of Medication: _____ Prescription # _____

Dispense medication at: ____ am ____ pm

Dosage Amount: _____ Does medication require refrigeration? Yes No

Dates: Start ____/____/____ End ____/____/____

Physician Name _____ Phone # _____

Parent/Guardian Signature ____/____/____
Date

Center Use Only:

Record of Dispensation

Date	Time	Dosage	*Adverse Reactions	Administered By (Full Signature)

*If noticeable adverse reaction to medication occurs, parents will be notified and an Incident Report will be completed.

Disposal of Leftover Medication:

- Returned to Child's Parent/Guardian
- Discarded

Staff Signature ____/____/____
Date