AUTHORIZATION TO DISPENSE MEDICATION

MEDICATION WILL NOT BE DISPENSED IF FORM IS NOT COMPLETE, NO EXSPECTIONS!!!

290-2-3-.11 Health, Safety & Discipline (1) Health (e)
Except for first aid, personnel shall not handout prescription or nonprescription medications to a child without specific written authorization for the child's physician or parent. All medications shall be stored in accordance with the prescription or label instructions and kept in places that are inaccessible to children. Each dose of medication given to a child shall be documented showing the child's name, name of medication, date and time given, and the name of the person giving the medication.

Child's Name: _____ Today's Date: _____

Name of Medication or Prescription: _____

Date Medication is to be given **(not to exceed two weeks)** _____
(These are the only times A Thru Z dispense medication please circle all that apply)
Time of day Medication is to be given: 8:00a.m 11:00a.m 3:00p.m 7:00p.m
(Medication will not be given on an " As Needed" basis, specifics must be provided)
Amount (Dosage) of Medication to be given: _____

Physician's Name and Phone Number: _____

Parent/Guardian Signature: _____

Medication Record
(For office usage only)

Date	Time Given	Amount Given	Provider's Signature	Any Adverse Reaction	

If noticeable adverse reaction to medication, what action was taken? Describe: