**PARENT’S AUTHORIZATION**

**Note: All Medication must be in original labeled container.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Child to Receive Medication:** | | | |
| **Prescribing Physician:** | **Prescription No.:** | **Name of Medication:** | |
| **Dosage:** | **When to Give:** | **Continue Medication Until:** | **Expiration Date:** |
| **Route:** | **Storage Conditions:** | **Special Instructions:** | |

**Signature of Staff who received and approved medication form: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature-Parent or Guardian Date**

**CAREGIVER’S RECORD**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date** | **Time of Last Home Dosage** | **Dosage** | **Time** | **Initial** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Parent's Initial when Medication is sent home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**