AUTHORIZATION FOR DISPENSING MEDICATION

Separate authorization forms must be completed for each child and each medication

Child's Name: _____

Medication to be given: _____

Prescription Number: _____

Dosage: _____

Days/Dates to be given: _____

Times to be given: _____

Possible side effects: _____

_____

Parent/Guardian Signature: _____ Date: _____

Medication is to be accepted/administered by director or teacher only.

To be completed by staff:

1) Is the medication in its original container with a safety cap? YES NO

2) Is the authorization form completed? YES NO

3) Is the name on the authorization form the same name on the container? YES NO

4) Does the dosage of the medication, the name of the medication and the frequency of administration requested by the parent correlate with the information on the bottle? YES NO

5) Have you verified the medication expiration date? YES NO

6) Are there specific times for medication to be administered provided? YES NO

7) Is the medication log complete? YES NO

_____ _____

Signature of staff member Date