Authorization to Dispense Medication

I hereby authorize Appletree School to administer the following medication to:

_____ (name of child)

Prescribing physician _____

Name of medication _____

Start Date _____ End date _____

Dosage _____

Method (by mouth, topically, etc) _____

When to give _____

MEDICATION MUST BE IN ORIGINAL CONTAINER, WITH CHILD'S NAME ON IT.

I have given the first dosage on _____ (date)

_____ _____

Signature of parent or guardian Date

****

Record of medication given: Use this to record all medication and dose given.

Date	Time	Dosage	Initials of Staff

Note: New form should be used for each cycle of medication.