MEDICATION RECORD and PARENT AUTHORIZATION

I hereby authorize,	Name of Caregivers that	received training			
who has been trained by:	Name of Calegivers that	, on _	/	/	in how to administer th
following medicine		to			d's Name
Amount of Dosage:	lame of medicine	Administered	How	Chile	d's Name
On the following Dates: For as needed dosing the following					
Tor as needed dosing the following	ng symptoms the	at indicate triat	the mea	ionio sile	did be duffiffistered are.
No medication shall be given by ch guardian. All medication must be in name, name of physician, medicat	n the original cor	ntainer. Prescri	ption me	dication	must have the child's
Nonprescription medication brough written authorization from the pare being administered shall be return	nt or legal guard	lian to do so. M	ledicatio		
Authorized by:			on		//
Parent or lega	al guardian				
DATE MEDICATION ADMINISTERED	TIME MEDICATION	ON ADMINISTER	ED	ADMIN	ISTERED BY - Initials
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