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: _			<u>.</u>
Parent/Guardian Signature: Da		ate:	
Medication is to be acce	pted/administered by director or teacher only	7 .	
To be completed by staff	:		
1) Is the medication in its original container with a safety cap?			NO
2) Is the authorization form completed?			NO
3) Is the name on the authorization form the same name on the container?			NO
,	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?			NO
6) Are there specific times for medication to be administered provided?			NO
7) Is the medication log complete?			NO
Signature of staff member D		ate	