kids R kids®
QUALITY LEARNING CENTERS

Medical Authorization / Record of Dispensation

Child's Full Name:_____ Classroom: _____

Name of medication: _____ Prescription #: _____

Time medication is to be given: _____ a.m. _____ p.m. **Dosage:** _____

_____ _____ Dates: Start _____ End _____
Parent's Signature Date

ALL medicines, both prescription and non-prescription medicines, must be in original containers.

ALL non-prescription medicines must be labeled with child's name and date brought to the center.

For Center Use Only:

Date Given	Time	Dosage	Time	Dosage	Any Adverse Reaction	Administered by

If noticeable adverse reaction to medication what action was taken?
Describe in full detail: