Authorization to Dispense Medication

Medication will not be dispensed to child without written parental consent and directions, to be provided below. *Medication must be turned in to the office in original prescription container. Do not send medication to school in your child's lunch box or backpack!* Please let us know if medication requires refrigeration.

Child's Name: _____

Name of Medication: _____

Prescription number, if any: _____

Dosage: _____

Dates to be dispensed: _____

Time of day to be dispensed: _____

Signature of parent _____Date _____

For office use only

Date	Time	Medication and Amount	Adverse Reactions	Staff Initials