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Name of Child to Receive Medicine		Name of Medication					
Prescribing Physician	Prescription No.		Expiration Date				
Dosage	When to Give		Continue Medication Until (date)				
NOTE: Medication must be in its original container and labeled with your child's name and the date medication is left at the facility. Medication can only be administered in amounts according to the label directions.							
	Signature-Parent or Guardian Date						

## CAREGIVER'S RECORD OF ADMINISTERING MEDICATION

CHILD'S NAME	NAME OF MEDICATION	DATE GIVEN	TIME GIVEN	AMOUNT GIVEN	FULL NAME OF CAREGIVER OR EMPLOYEE

## **AUTHORIZATION FOR DISPENSING MEDICATION**

Form 7238 May 2005

Disposition of Left-over Medication						
Returned to Child's Parent/Guardian  ☐ Thrown Away  Date:						