AUTHORIZATION FOR DISPENSING MEDICATION

Name of Child to Receive Medicine

First Name	Last Name	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

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