

## **MEDICATION RECORD and PARENT AUTHORIZATION**

Child's Name:		
Name of Medication:		
Amount of Dosage:	Administered When:	
		Time(s) of Day
Administered How:	Describe - Orally? Topically?	<u>,                                     </u>
Administered From:	To: Date	Date
Authorized By:       Date:         Parent(s) / legal guardian(s) signature		
DATE MEDICATION ADMINISTERED	TIME MEDICATION ADMINISTERED	ADMINISTERED BY Signature / Initials
The following staff were training byonto administer this medication. Trainer's Name Date Staff Names:		

FOR AS NEEDED DOSING INSTRUCTIONS: The following are the symptoms that indicate that this medication should be administered: