

**Distribution**

- Child's File
- Medication Log

## Medication Authorization

**All Medication MUST be in its original container, labeled with the child's full name and current usage date. Over the counter medication MUST be accompanied by written authorization from the child's physician indicating dosage.**

Child's Full Name: \_\_\_\_\_ Classroom: \_\_\_\_\_

Name of Medication: \_\_\_\_\_ Prescription # \_\_\_\_\_

**KRK #34 Dispenses medication at the following times only:**

**Please circle one or both 11am and/or 3pm**

Dosage Amount: \_\_\_\_\_ Does medication require refrigeration?  Yes  No

Dates: Start \_\_\_\_/\_\_\_\_/\_\_\_\_ End \_\_\_\_/\_\_\_\_/\_\_\_\_

Physician Name \_\_\_\_\_ Phone # \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

Center Use Only:

### Record of Dispensation

Date	Time	Dosage	*Adverse Reactions	Administered By (Full Signature)

\*If noticeable adverse reaction to medication occurs, parents will be notified and an Incident Report will be completed.

Date	Time	Dosage	*Adverse Reactions	Administered By (Full Signature)

Disposal of leftover medication:     Returned to Parent/Guardian     Discarded

\_\_\_\_\_  
Staff Signature \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date