Parkside
Children's Learning Center

Authorization to Dispense Medication

NO MEDICATION WILL BE ACCEPTED FOR DISPENSATION UNLESS:

Prescription:

The medication is in its original container and the medication is accompanied by a written order from the prescribing physician. **ALL** medication must be **clearly** labeled with:
1) Child's name 2) name of medication 3) directions for administration.

Non-Prescription:

The medication is in its original container and the parent must complete this form in order for medication to be given. **ALL** medication must be **Clearly** labeled with:
1) Child's name 2) name of medication 3) directions for administration.

I hereby authorize Parkside Children's Learning Center to administer the following medication to _____.
(Name of Child)

Prescribing Physician _____

Name of Medication _____

Dosage _____ When to give _____

Continue this medication until (end date) _____
(We cannot give medication "as needed")

I have given the first dosage on (date & time) _____

Signature of Parent/Guardian _____ Date _____

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Amount	Time	Date	Initials

Monthly Update of Medicine From:

Date	Parent Initials