THE ACADEMY
at Julington Creek

Authorization for Medication

Name of Child to receive medication: _____

Date of Birth: _____

Name of Medication: _____

Prescription Number: _____

Expiration Date: _____

Prescribing Physician: _____

Dosage: _____

When to give: _____

Start Date: _____

End Date: _____

Symptoms to Look for: _____

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. This form must be updated every 90 days.

Signature of parent/ guardian:_____ Date:_____

Caregiver's Record of Medication Administration

Child's Name	Medication	Date	Time	Amount	Caregiver Administrating