

# MEDICATION AUTHORIZATION/RECORD OF DISPENSATION

Child's Name \_\_\_\_\_ Date \_\_\_\_\_

Child's Teacher \_\_\_\_\_

## AUTHORIZATION

I authorize the staff of the Friends School of Atlanta to administer the following medication(s) to my child, with instructions for dispensation as recorded.

Medication and prescription number

\_\_\_\_\_  
Medication must be administered from the original container and must have the child's name written on it.

Time medication is to be given

\_\_\_\_\_  
Clock hour, for instance 12:00pm, not lunch time.

Amount of medication to be given

\_\_\_\_\_  
Possible side effects

\_\_\_\_\_  
Specify calendar days medication to be given

\_\_\_\_\_  
(For instance, March 1–12, not 12 days.)

Child's known allergies

\_\_\_\_\_  
Condition medicine is to treat

\_\_\_\_\_  
Condition is brought on by

\_\_\_\_\_  
Symptoms to watch for

\_\_\_\_\_  
Does child usually get a before-school dose? \_\_\_\_\_ Yes \_\_\_\_\_ No

If so, at what time? \_\_\_\_\_

How much time is needed between doses? \_\_\_\_\_

