

Authorization to Dispense Medication

I authorize Children of Promise Nurturing Center **to give prescribed Medication to:**

Name of Child _____

Name of Medication _____

Prescribed By _____

(name of Doctor)

Dosage _____ **at** _____

(amount)

(time or times)

Instructions _____

Authorizing Signature: _____ **Relationship** _____

Date: _____

Beginning Date through Ending Date

Dispensation Record

Name of Adult

Date _____ Time/Times _____ Dosage _____ Dispensing Med. _____

Name of Adult

Date _____ Time/Times _____ Dosage _____ Dispensing Med. _____