Country Daycare
Stacy Willie

Authorization for Dispensing Prescription Medication

PARENTS AUTHORIZATION

Name of Caregiver Authorized to Give Medication: COUNTRY DAYCARE – Stacy Willie		Name of Child to Receive Medicine:
Prescribing Physician:	Prescription No.:	Name of Medication:
Dosage:	When to Give:	Continue Medication Until (date):
Route:	Storage Conditions:	Special instructions:

Note: Medicine must be in original labeled container.

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Signature – Parent or Guardian Date

CAREGIVER'S RECORD

DATE	TIME	AMOUNT	DATE	TIME	AMOUNT

DISPOSITION OF LEFT OVER MEDICATION: DATE RETURNED/DISCARDED

ف Returned to Parent ف Thrown Away _____