

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? _____

