Club J Authorization to Dispense Medication

Child's Full Name: _____

Name of Parent filling out form: _____

Name of Medication: _____

Dosage: _____

Prescription Number: _____

Time Medication is to be given: _____

Amount of Medication (dosage and number of pills) to be given: _____

Dates to be given (within two week timeframe): _____(a new form will need to be filled out and signed every two weeks)

_____ _____

Parent's Signature Date

For Club J Use:

	Date	Time Given	Amount	Any adverse reactions	Administered by
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____
7.	_____	_____	_____	_____	_____
8.	_____	_____	_____	_____	_____
9.	_____	_____	_____	_____	_____
10.	_____	_____	_____	_____	_____
11.	_____	_____	_____	_____	_____
12.	_____	_____	_____	_____	_____
13.	_____	_____	_____	_____	_____
14.	_____	_____	_____	_____	_____

If noticeable adverse reaction to medication, what action was taken? Describe: _____

_____