

Club 6*7*8 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 to be given: _____

Dates to be given: _____ (a new form will need to be filled out every two weeks)

Parent's Signature

Date

For Club 6*7*8 Use:

	<u>Date</u>	<u>Time Given</u>	<u>Amount</u>	<u>Any adverse reactions</u>	<u>Administered by</u>
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: _____
