

MEDICATION RECORD and PARENT AUTHORIZATION

lame of Medication:			
mount of Dosage:	Administered Whe	n:	
mount of Dosage:Administered When (1 tablet, 1 teaspoon)		Time(s) of Day	
dministered How:	Describe - Orally? Topically?		
dministered From:	To		
Administered From:	10	Date	
authorized By:		Date:	
Parent(s) / legal gu	ıardıan(s) signature		
DATE MEDICATION ADMINISTERED	TIME MEDICATION ADMINISTERED	ADMINISTERED BY Signature / Initials	
he following staff were trained by	on	to administer this medication.	
The following staff were trained by			
Staff Names:			
OR AS NEEDED DOSING INSTRU	CTIONS: The following are the s	symptoms that indicate that this	