

## **MEDICATION RECORD and PARENT AUTHORIZATION**

Child's Name:		
Name of Medication:		
Amount of Dosage:	Administered W	/hen:
Amount of Dosage:Administered When		Time(s) of Day
Administered How:	Doscribo Orally? Tanigal	11./2
Administered From:	To:	Data
Authorized By:	guardian(s) signature	_ Date:
DATE MEDICATION ADMINISTERED	TIME MEDICATION ADMINISTERED	ADMINISTERED BY Signature / Initials
ADMINISTERED	ADMINISTERED	Signature / initials
The following staff were trained by	on	to administer this medication
The following stall were trained by_	Trainer's Name Da	to administer this medication.
Staff Names:		
FOR AS NEEDED DOSING INSTRUMENTAL MEDICAL PROPERTY OF THE PROP		