LLESA Children's Center

Medication Form

I give permission for the LLESA Children's Center to give my child the following medication. (Please note that we must have the original prescription bottle with your child's name and doctor's instructions on it in order to administer any prescribed medication). Thank you!

Child's Name _____

Medication Name _____

Prescription # _____

Dosage _____

Times to be Administered _____

From (start date) _____ **thru (end date)** _____

Medication Expiration Date _____

Doctors' Name _____

Doctors' Phone # _____

_____ _____

Parents Signature Date Signed

Phone # (where parent can be reached) _____

Medication Dispensing Record:

Date	Time Given	Dosage	Staff Initials

Authorized by Front Office Staff? ☐

Revised 5/2011