# BETHANY METHODIST
## Weekday School

## AUTHORIZATION FOR DISPENSING MEDICATION

| | | |
|---|---|---|
| Name of child to receive medication | Child's class/teacher | |
| Medication (one per form) | Time(s) to be given | Dosage |
| Date(s) to be given | Last date to be given | Child's Physician |
| NOTES (Side effects of medication, time of the last administered dose): | | |

**NOTE: Medication must be in its original container with childôs name clearly written on the container.**

Signature Parent/Guardian_____Date_____

| Name of Medication | Date | Time | Dosage | Staff administering medication |
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***OFFICE USE ONLY***

- ❑ Labeled with first & last name
- ❑ Rx is correct & matches instructions on form
- ❑ OTC medication: proper dosage & age requirement
- ❑ OTC medication: Under age prescription on file