

Medication Authorization & Dispense Form



Child's Name _____

Health Concern _____

Name of Medication _____

Possible Side Effects _____

Medication Route
(Circle One) Oral Topical Other _____

Dosage Amount _____ Expiration Date _____

Start Date _____ Stop Date _____

Time To Be Given _____ Last Time Given _____

Reaction to Medication

Date/Time _____

Action Taken _____

I authorize Cornerstone ECE to administer the medication listed above.

Parent/Guardian (Full Signature)

Date

Emergency Contact Phone #1

Emergency Contact Phone #2