

AUTHORIZATION TO DISPENSE MEDICATION

Prescription & Nonprescription

I hereby authorize Cape Care to administer the following medication to:

Name _____

Medication _____

Dosage _____ Administering Time(s) _____

Administer Medication Until _____

MEDICATION MUST BE IN ITS ORIGINAL CONTAINER WITH THE CHILD'S NAME ON IT.

Parent/Guardian _____

Signature _____ Date _____

Primary Phone _____ Secondary Phone _____

Record of Administered Medication

DATE	TIME	DOSE	INITIALS