

AUTHORIZATION TO DISPENSE MEDICATION

Prescription & Non Prescription

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

Name

Medication

Dosage Administering Times

Administer Mediation End Date

Parent/Guardian

Signature Date

Primay Phone Secondary Phone

ADMINISTERED MEDICATION RECORD

DATE	TIME	DOSE	INITIALS

August 2020

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