



## MEDICATION LOG - PARENT AUTHORIZATION

I hereby authorize, \_\_\_\_\_  
 (Name of Caregiver)

to administer \_\_\_\_\_ at \_\_\_\_\_ in the amount of \_\_\_\_\_  
 (Name of Medication) (Time)

\_\_\_\_\_ to be administered \_\_\_\_\_  
 (Dosage) (Orally, Topically, etc.)

to \_\_\_\_\_ on the following dates \_\_\_\_\_  
 (Child's Name)

\_\_\_\_\_ Date \_\_\_\_\_  
 (Parent/Guardian Signature)

Name of Medication	Amount of Dosage	Method of Administration	Date	Time	Initial

***This record shall be maintained for four (4) months.***

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