Texas Dept of Family
and Protective Services

AUTHORIZATION FOR DISPENSING MEDICATION

Form 7238
May 2005

PARENT'S AUTHORIZATION

Name of Child to Receive Medicine		Name of Medication
Prescribing Physician	Prescription No.	Expiration Date
Dosage	When to Give	Continue Medication Until (date)

NOTE: Medication must be in its original container and labeled with your child's name and the date medication is left at the facility. Medication can only be administered in amounts according to the label directions.

Signature-Parent or Guardian _____ Date _____

CAREGIVER'S RECORD OF ADMINISTERING MEDICATION

CHILD'S NAME	NAME OF MEDICATION	DATE GIVEN	TIME GIVEN	AMOUNT GIVEN	FULL NAME OF CAREGIVER OR EMPLOYEE

Disposition of Left-over Medication

☐ Returned to Child's Parent/Guardian ☐ Thrown Away Date:

Texas Dept of Family
and Protective Services

MEDICATION AUTHORIZATION FORM

Form 7255
Nov 2005

I hereby request an employee to administer the medication named below to my child. I understand that all medications must be in the original container, labeled with the child's name and with directions to administer the medication. Prescribed medication must also include the date and name of physician. By signing below I release the child-care center and its employees from all liability for reactions which my child may suffer from this medication.

Date	Child's Name	Name of Medication	Dosage	Time to be given	Parent's Signature	Dosage Given	Date & Time Given	Employee's Full Name