



Learning Academy  
Medication Authorization / Record of Dispensation

Child's Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Classroom:

- Infant
- Toddler
- Preschool
- Before/After School

Other directions:

- Refrigeration required
- Take with food
- Causes drowsiness or sleepiness
- Other symptoms \_\_\_\_\_

Medication Name: \_\_\_\_\_ Prescription #: \_\_\_\_\_

Time Medication is Administered: \_\_\_\_\_ a.m. \_\_\_\_\_ p.m. Dosage: \_\_\_\_\_

Dates: First Day \_\_\_\_\_ Last Day \_\_\_\_\_ Medicine Expiration Date: \_\_\_\_\_

Comments:

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Parent's Signature \_\_\_\_\_ Date: \_\_\_\_\_

For Academy Use Only:

Date Given	Time Given	Dosage Given	Any Adverse Reaction	Administered By

ALL medications must be in the original contain labeled with the child's full name and the date it was brought to the Academy.

All non-prescription medication requires a note from the child's physician.

*In case of an adverse reaction, parents and the child's physician will be notified immediately.*