

## Little Doves Children's Learning Center

PRESCHOOL – CHILDCARE – EXTENDED CARE
3901 SE Mullenix Road, Port Orchard, WA 98367
(360) 876 – 4306

A Ministry of Spirit of Life Lutheran Church

## MEDICATION AUTHORIZATION AND DISPENSE FORM

Child's Name:		
Health Problem:_		
Name of Medicati	on:	
Route:		
Amount of Medica	ation Given:	
Times to be Given	1:	
	ets:	
Storage:		
End Date:		
	ttle Doves to give the above	
Parent/Guardian full signature		Date
If reaction to medi	ication:	
Date	Action Taken	

Record of Administration (to be filled out by person who gives mediation)

DATE	TIME	DOSAGE	GIVE BY		
			(full signature required)		
<u> </u>	** form to be placed in child's file when complete				

<sup>\*\*</sup> form to be placed in child's file when complete.