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 |
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Disposition of Left-over Medication

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