

# Creative Learning Center

7495 Calder Avenue  
Beaumont, TX 77706  
409-860-3134-Phone  
409-860-1723-Fax

## Dispensing Medication Form

Please administer the following medication to: \_\_\_\_\_

Name of Child

Prescribing Physician: \_\_\_\_\_

Prescribing Number: \_\_\_\_\_

Name of Medication: \_\_\_\_\_

Dosage: \_\_\_\_\_

Time to administer medication: (please initial time) **12:00 noon** \_\_\_\_\_ and/or **4:00 p.m.** \_\_\_\_\_

Continue medication until: \_\_\_\_\_

**Prescription medications should be in the original container and labeled with all the information above. If you would like me to administer prescription medication the parent or guardian can sign this form.**

**Nonprescription medication should be labeled with all the information above. If you would like me to administer nonprescription medication your child's physician must sign this form.**

**Please provide the appropriate measuring device to administer your child his or her medication.**

Signature of Parent/Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

Signature of child's Physician \_\_\_\_\_ Date \_\_\_\_\_

### **Staff Use Only**

*Use this to check dosages given and as a reference of sharing this information with the child's parent(s) or legal guardian.*

<i>Amount Administered</i>	<i>Time Administered</i>	<i>Date Administered</i>	<i>Staff Signature</i>

Copy given to Child's Parent or Legal Guardian on \_\_\_\_\_ and original filed on \_\_\_\_\_

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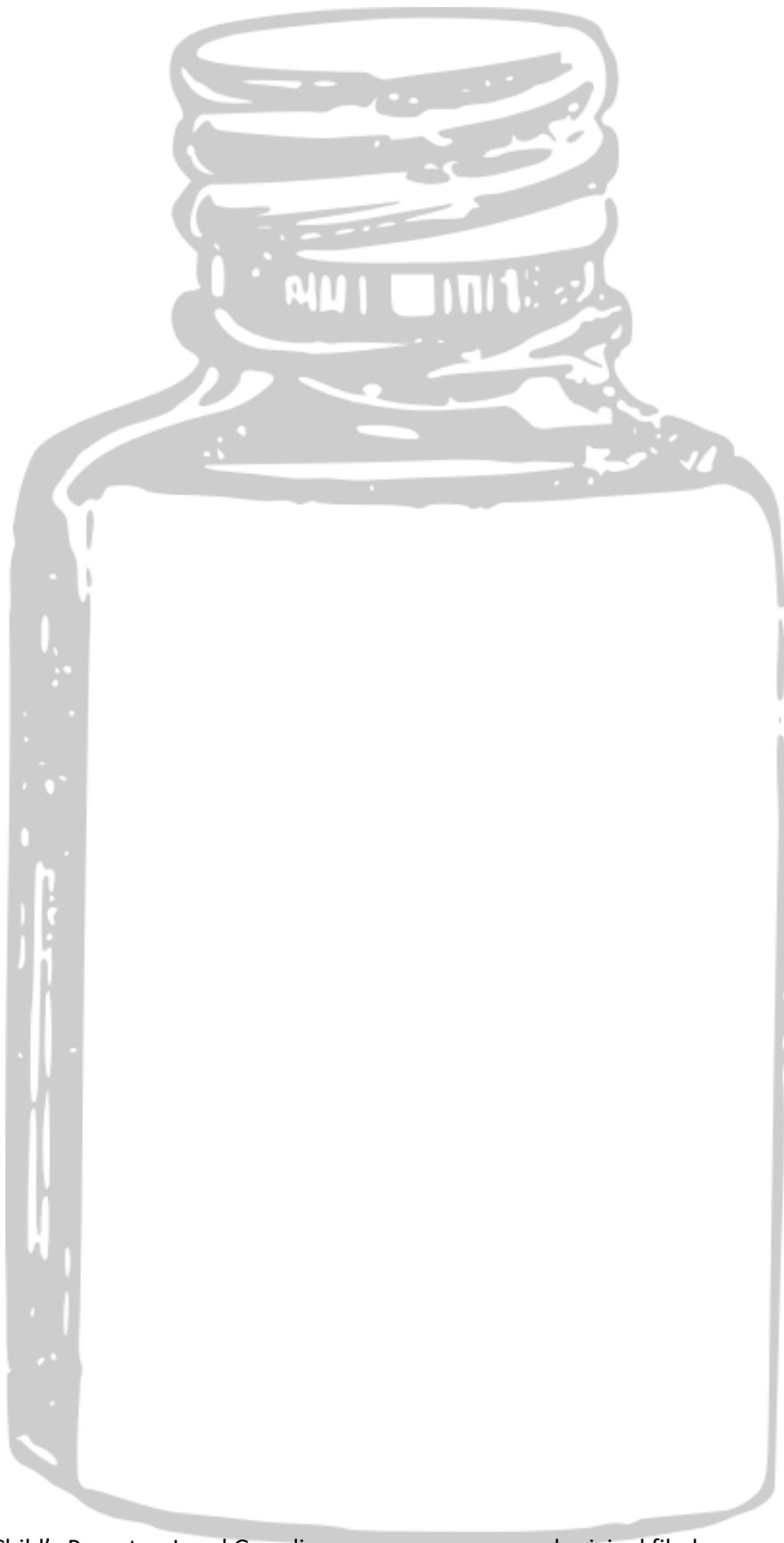
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Amount Administered	Time Administered	Date Administered	Staff Signature

Copy given to Child's Parent or Legal Guardian on \_\_\_\_\_ and original filed on \_\_\_\_\_



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Revised 3/2016