Texas Dept. of Protective and Regulatory Services

# AUTHORIZATION FOR DISPENSING MEDICATION

Form 7238
March 1997

PARENT'S AUTHORIZATION

| Name of Caregiver Authorized to Give Medicine | | Name of Child to Receive Medicine |
|---|---|---|
| Prescribing Physician | Prescription No. | Name of Medication |
| Dosage | When to Give | Continue Medication Until (date) |

NOTE: Medicine must be in its original container with child's name clearly written on the container.

Signature-Parent or Guardian _____ Date _____

CAREGIVER'S RECORD - Use to check dosages given and for sharing with the child's parent.

| DATE | TIME | AMOUNT | DATE | TIME | AMOUNT |
|---|---|---|---|---|---|
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Disposition of Left-over Medication

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

Date Returned or Thrown Away: