FRANKFORT SQUARE PARK DISTRICT
PERMISSION TO DISPENSE MEDICATION FORM

Child's Name:

Doctor's Name:	Office Phone:

Medication Name	Dose	Time of Day	Reason

How is the medication taken? (please check all that apply):

☐ whole ☐ chewed ☐ crushed ☐ with water ☐ without water ☐ mixed with food ☐ after eating

☐ other explain:_____

Dispensing and Storage Instructions:

Possible Side Effects:

MEDICATION LOG (To be filled out by staff only)

Child's Name:

A:	Medication Name:	Dose:	Time:
B:	Medication Name:	Dose:	Time:
C:	Medication Name:	Dose:	Time:

Med.	Date	Time	Int.	Med.	Date	Time	Int.	Med.	Date	Time	Int.