



## VBS Medication Record and Parent Authorization

Child's Name: \_\_\_\_\_

Allergy: \_\_\_\_\_

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

(This medication will only be given in case of emergency.)

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

(1 teaspoon, 1 tablet)

Route (Administered How?): \_\_\_\_\_

(Describe - Orally? Topically?)

Administered From: \_\_\_\_\_ To: \_\_\_\_\_

Date

Date

Administration Time(s): \_\_\_\_\_

Authorized by: \_\_\_\_\_

Parent(s)/legal guardian(s) signature

Emergency Contact Information: \_\_\_\_\_

Name

Cell

Date	Time	Drug	Dose	Route	Administered by (Signature)