12 Jackie's Trail, Damariscotta, ME 04543
(207) 563-5335

OVER THE COUNTER MEDICATION ADMINISTRATION AUTHORIZATION FORM

Child's Name:_____

DOB:_____

Allergies:_____

Medication:_____Prescribed? Yes_____No_____

Dosage:_____Route: inhaled_____by mouth_____injected_____

Storage requirements: room temp_____refrigerated:_____

Time to be given:_____

Dates to be given: from:_____to:_____

Parent/Guardian Name:_____

Parent/Guardian Signature:_____