

Fort Hill
Center for Early Childhood Education
Smith College
28 Lyman Road
Northampton, MA 01063

MEDICATION DISPENSING FORM

- Medical Consent form completed
- Medication is in a safety cap container
- Original prescription label on container
- Child's name on container
- Date current on label (within expiration date)
- Dose, name of drug, frequency of administration consistent with parental instructions

All of the above must be checked before medication may be administered.

Child's Name _____ **Medication** _____

Date	Time	Medication	Dose	Teacher signature

This record must be put in child's folder when completed.