## MRASP MEDICATION AUTHORIZATION

**Only 1 Medication per form**

CHILD'S NAME_____MEDICATION_____

DOSAGE_____ TIMES TO BE ADMINISTERED _____

METHOD OF ADMINISTRATION_____ LAST DAY OF MEDICATION _____

POSSIBLE SIDE EFFECTS _____

EXPIRATION DATE _____

As parent(s)/legal guardian(s) of the above child, I/we do hereby authorize the staff of the Mason-Rice Afterschool Program, Inc. to administer the above medication to my/our child. Accordingly, the Mason-Rice Afterschool Program, Inc. and its staff are each and all hereby released and held harmless from any and all liability arising out of or in connection with the administration of said medication.

The dose given at MRASP **will not be** the first dose of this medication.

Signed _____ Date _____

**Note:** Prescription medication must be in the original container with the prescription label. Non-prescription medication must be accompanied by the physician's note stating your child's name, medication, dosage, times to be administered, etc.

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## MEDICATION DISPENSATION RECORD

STAFF: Please fill out when medication is administered.

| MED | DOSAGE | DATE | TIME | METHOD | SIGNATURE | NOTES |
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**MEDICATION DISPENSATION RECORD**

| MED | DOSAGE | DATE | TIME | METHOD | SIGNATURE | NOTES |
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