**MEDICATION DISPENSING CHECKLIST**

*This form is only required for children who have mild to severe allergies that require medication to be administered if exposed to the allergen. If your child does not have any allergies, you and your child’s physician do not need to complete this form.*

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| --- | --- |
| Child’s Name:  | DOB: |
| Parent/Guardian Name: | Teacher Name: |
| Name of Medication:  |
| Condition for which the Medication is Needed: |

Please Check Yes or No to the following:

1. Is the Parental Consent for Administering Medication signed?

☐ Yes ☐ No

1. Is the prescription in the original container?

☐ Yes ☐ No

1. Is the Child’s Name on the container?

☐ Yes ☐ No

1. Is the expiration date on the medication current?

☐ Yes ☐ No

|  |  |
| --- | --- |
| Parent/Guardian Signature: | Date: |
| Health Specialist Signature: | Date: |