

Permission to Dispense Medication

Client Name:	
Medications Administered:	
Medication Distribution Guidelines	
The following guidelines must be follower the counter) to any client.	lowed in order for WMLC to dispense medication (prescription or
by the parent or guardian. Moclient. 2) Medication must be brought t 3) Parent or guardian must compate staff will dispense the medica 4) Permission to dispense medic changes. 5) Prescription bottles must inclustrength, dosage and date. 6) A Medication Distribution Lo	the to WMLC office prior to the program the medication is needed for, edication may not be given to staff at programs, or sent with the to the office in the original prescription bottle. Delete "Permission to Dispense Medication" form. A qualified WMLC attion and complete the "Medication Distribution Log". Faction must be completed each calendar year, or as medication ude: Patient's name, doctor's name, pharmacy, name of medication, and grow the completed each time a medication is distributed. Patient's name, date given, time given, name of medication, thereing staffs signature.
medication to my child. I understand	fied WMLC staff member to administer prescription/non-prescription I that all over the counter (OTC) medication must be provided by the r with specific written explanations of when and how much OTC
Parent/Guardian Signature	Date