## **Medication Administration Log**

I authorize Storybook Ramedication to my child_		
Name and number	of Physician	•
Name of medication	n & strength:	*
Dosage prescribed by doctor:		
Expiration date:		
Manufacturer's inst	tructions:	·
Storage & disposal instructions:  Time to be administered:		
Parents Signature:Date:		
Name of staff administering med.	Amount given	Time med given
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