Texas Dept of Family
and Protective Services

AUTHORIZATION FOR DISPENSING MEDICATION

Form 7238
March 2004

PARENT'S AUTHORIZATION

Name of Caregiver Authorized to Give Medicine		Name of Child to Receive Medicine
Prescribing Physician	Prescription No.	Name of Medication
Dosage	When to Give	Continue Medication Until (date)

NOTE: Medicine must be in its original container with child's name clearly written on the container.

Signature-Parent or Guardian _____ Date _____

CAREGIVER'S RECORD - Use to check dosages given and for sharing with the child's parent.

DATE	TIME	AMOUNT	DATE	TIME	AMOUNT

Disposition of Left-over Medication

☐ Returned to Child's Parent/Guardian ☐ Thrown Away

Date Returned or Thrown Away: