NAVY CHILD AND YOUTH PROGRAMS

MEDICAL AUTHORIZATION FORM

REQUIRING DIRECTIVE OPNAVINST 1700.9

PRIVACY ACT STATEMENT

Authority: Title 10, United States Code, Section 3013
Principal Purpose: To provide sponsor consent for administration of medication, confirm medication dispensation directions, maintain medication records and identify individuals responsible for dispensing medication.
Routine Uses: No information is to be disclosed outside of DoD.
Disclosure: Disclosure of requested information is voluntary, however, if information is not provided, medication will not be administered.

MEDICATION DISPENSATION LOG

Child's Name: _____

Medication: _____

Inclusive Dates: Begin _____ Finish _____

Dosage: _____ Time: _____

Authorizing Physician: _____

Phone Number of Physician: _____

Date Administered	Dispensing CYP Personnel	Time	Dosage Given	***Witness Signature***

This column is not to be used by the CDH Program.