## NAVY CHILD AND YOUTH PROGRAMS MEDICATION DISPENSATION LOG

REQUIRING DIRECTIVE: OPNAVINST 1700.9

Child's Name:		
Medication:		
Inclusive Dates: Begin		
Dosage:	Time:	
Authorizing Physician:		
Phone Number of Physician:		

Date	Dispensing CYP Personnel	Time	Dosage	*Witness Signature
Administered			Given	

<sup>\*</sup>This column is not to be used by the CDH Program.

## PRIVACY ACT STATEMENT

AUTHORITY: P.L. 101-89, Sec, 1507, "Military Child Care Act of 1989"; Title 5 U.S.C. 301 Department

Regulations; E.O. 9397; and OPNAVINST 1700.9 "Child and Youth Programs."

PURPOSE: To documents the administration of authorized medications.

ROUTINE USES: Information may be furnished to military or civilian doctors or hospitals in the course of obtaining medical attention for children.

VOLUNTARY DISCLOSURE: Furnishing the information is voluntary; however, failure to provide the requested information could result in denial of a child's admission to the CYP.

CNICCYP 1700/21 (Rev. 7.15)

FOR OFFICIAL USE ONLY PRIVACY SENSITIVE

Page 1 of 1