NAVY CHILD AND YOUTH PROGRAMS
MEDICATION DISPENSATION LOG

REQUIRING DIRECTIVE: OPNAVINST 1700.9

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.

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.