

Medication Authorization Form

For Prescription and Non-prescription Medications

INSTRUCTIONS:

Section A must be completed by the parent/guardian for **ALL** medication authorizations which shall expire or be renewed after 10 work days.

Section A and Section B must be completed for any **long-term prescription and over-the-counter medication** which may be allowed with written authorization from the child's physician an parent.

Medication authorization for: _____
(Child's name)

_____ has my permission to administer the following medication:
(Name of Child Care Provider)

Medication name: _____

Dosage and times to be administered: _____

Special instructions (if any): _____

This authorization is effective from: _____ until: _____
(Start date) *(End date)*

Parent's or Guardian's Signature: _____ Date: _____

Section B: to be completed by child's physician

I, _____ certify that it is medically necessary for the medication(s) listed
(Name of Physician)

below to be administered to: _____ for a duration that exceeds 10 work days.
(Child's name)

Medication(s): _____

Dosage and Times to be administered: _____

Special instructions (if any): _____

This authorization is effective from: _____ until: _____
(Start date) *(End date)*

Physician's Signature: _____ Date: _____