Medication Authorization Form

For Prescription and Non-prescription Medications VDSS Division of Licensing Programs Model Form

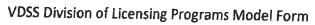


INSTRUCTIONS:

- Section A must be completed by the parent/guardian for ALL medication authorizations.
- Section A and Section B must be completed for any long-term medication authorizations (those lasting longer than 10 working days).

Section A: To be completed by pare	nt/guardian
Medication authorization for:	
	(Child's name)
(Name of Child Care Provider)	has my permission to administer the following medication
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 p	physician
(Name of Physician)	certify that it is medically necessary for the medication(s) listed
below to be administered to:	for a duration that exceeds 10 work days
	nild's name)
Special instructions (if any):	
his authorization is effective from:	until:(Start date) (End date)
	Date:
2-05-0570-05-eng (06/12)	Physicians Phone:

Medication Administration Log for Child Day Programs Individual Child





DATE	MEDICATION	DOSE	TIME	ADMISTERED BY	Adverse Reactions Medication Errors
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