

Medication Authorization Form

Early Learning or Child Care Program Staff: Medications must be given as directed by the medication label or packaging. Never give an expired medication. An expired medication must be replaced, and the updated expiration date must be added to this form. Each medication must have its own Medication Authorization Form.

Child's name: _____

Child's date of birth: _____

Name of medication: _____

Reason for medication: _____

Possible side effects of medication: _____

Medication expiration date: _____

When to give the medication (do not write 'as needed' or 'ongoing'; list symptoms or times of day to give the medication): _____

How much medication to give (must include dose of medication): _____

How long to give the medication (do not write 'as long as needed' or 'ongoing'; write a date to stop giving medication, no longer than 1 year): _____

How to give the medication (for example: by mouth [oral], on skin [topical], injection, etc.): _____

Medication requires special storage: ☐ Yes ☐ No

If yes, specify (for example: refrigerate; keep away from light; etc.): _____

Additional instructions: _____

Healthcare Provider Name (Printed): _____

Healthcare Provider Signature: _____

Healthcare Provider Phone Number: _____

Date: _____



Medication Log

Program Staff: Please print a copy of this Medication Log for each medication in the care plan.

Child's name: _____

Child's date of birth: _____

Name of medication: _____

Date	Time	Dose	Person Giving Medication (*Initials)	Reason Medication Was Not Given	Observed Side Effects

Initials*	Printed Name and Signature of Person Giving Medications