



Medication Authorization

Prescription or non-prescription medication including but not limited to pain relievers, cough syrup, antihistamines, or nose drops, may be given to a child under the following conditions:

1. A medication authorization form signed and dated by the parent is on file.
2. Prescription medication is in the original container and labeled with the child’s name, name of drug, dosage and directions for administering, date and physician’s name.
3. Non-prescription medication is in the original container, labeled with the child’s name, dosage, and directions for administering.
4. All medications are secured in a tightly–covered container with a child-proof lock or latch and stored so that they are not accessible to children.
5. Medications requiring refrigeration are kept in the refrigerator in a separate tightly-covered container with a child-proof lock or latch, clearly marked medication
6. Parents are informed daily of medications administered to their child.

Child Name: _____ Date: _____

Medication Name: _____

Dosage: _____

Time to be given: _____

Possible side effects: _____

Dates to be given from: _____ to _____

I authorize _____ to dispense the above medication in accordance with the administration information.

Signature: _____ Date: _____

Medication to be given by	Dosage	Date	Time
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Medication to be given by

Dosage

Date

Time
