



Medication Authorization Form for Prescription Medications

This form must be completed by the parent/guardian for ALL medication authorizations.

To be completed by parent/guardian:

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 form is effective from: _____ until: _____
(start date) (end date)

Parent/Guardian Signature: _____ Date: _____