

Medication Authorization Form For Prescription and Non-Prescription Medications

Section A must be completed by the parent/guardian for **ALL** medication authorizations.

Sec on A: 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 is effective from: _____ until: _____
(Start date) (End date)

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