



Medication Authorization Form

Medication Must Be In Its Original Container

Must have child's name on Medication

Child's Name: _____

Medication Name: _____

Dosage Amount: _____

Time to be given: _____

Date(s) to be given: _____

Side Effects/Anticipated Reactions: _____

Special Instructions (if applicable):

Parent's Signature

Date

**If all information is not filled out completely, medication will not be given.*

Administration Documentation

Date Given	Time Given	Dosage Given	Staff Signature

**Maintenance medication authorization shall be updated as changes occur or at least every three months.*