

Medication Authorization

Note: complete one form for each medication

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 administered by

Dosage

Date

Time

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

