Medication Authorization Form

For Prescription and Non-prescription Medications VDSS Division of Licensing Programs Model Form

INSTRUCTIONS:

- Section A must be completed by the parent/guardian for ALL medication authorizations.
- Section A and Section B must be completed for any long-term medication authorizations (those lasting longer than 10 working days).

Section 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's or Guardian's Signature:		Date:		

Section B: to be completed by child's physician					
l,(Name of Physician)	certify that it is medic	ally necessary for the	emedication(s) listed		
-	's name)				
Medication(s):					
Dosage and Times to be administered:					
Special instructions (if any):					
This authorization is effective from:		_until:			
	(Start date)	(End	date)		
Physician's Signature:		Date:			
032-05-0570-05-eng (06/12)	Physicians Phone:				

