

**Medication Authorization Form  
Medicine Must Be In Its Original Container**

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 in completely, medication will not be given.**

**Administration Documentation**

<b>Date Given</b>	<b>Time Given</b>	<b>Dosage Given</b>	<b>Staff Signature</b>

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