## **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 nam	e)	
(Name of Child Care Provider)	has my permission	n to administer	the following medication:
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:
Costion D. to be commisted by skild/only	hi.i.a.ia		
Section B: to be completed by child's pl	nysician		
l,(Name of Physician)	certify that it is m	edically necessa	ry for the medication(s) listed
below to be administered to:	ild's name)	for a durati	ion that exceeds 10 work days
Medication(s):	<u> </u>		
Dosage and Times to be administered:			
Special instructions (if any):			
This authorization is effective from:		until:	
	(Start date)		(End date)
Physician's Signature:		Da	ate:
032-05-0570-05-eng (06/12)	Physicians Phone:		