

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

Child's Name: \_\_\_\_\_  
Medication Name: \_\_\_\_\_  
Dosage Amount: \_\_\_\_\_  
Side Effects/Anticipated Reactions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Special Instructions/Circumstances for Administering "as needed" medication: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Parent's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_  
\_\_\_\_\_

**Administration Documentation**

<b>Phone Contact Time &amp; Date</b>	<b>Date Given</b>	<b>Time Given</b>	<b>Dosage Given</b>	<b>Staff Signature</b>

\*shall be updated by parent as changes occur or at least every three months