

**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

Date Given	Time Given	Dosage Given	Staff Signature

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