

**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

Phone Contact Time & Date	Date Given	Time Given	Dosage Given	Staff Signature

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