

**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.**