



Medication Authorization Form

Administration of medication to a child while at our facility must be accompanied by a written medication instruction form from the pharmacist. All medication must be in the original container with the child's full name, date of purchase, and correct dosage clearly labeled.

School Care Site:	
Child's Name:	Date of Birth/Age:
Name of Medication:	Reason for Medication:
Start Date:	Stop Date:
Times to be given: <small>(*Can NOT be given "as needed")</small>	Amount to be given:
Possible Side Effects:	Oral <input type="checkbox"/> Topical <input type="checkbox"/> Other
Above information consistent with label?	Requires Refrigeration: <input type="checkbox"/> yes <input type="checkbox"/> no
Special Instructions:	

Parent/Guardian Signature

Print Name

Daytime Phone Number

Date

Physician Signature

Print Name

Physician Phone Number

Date