ccrr
Child Care
Resource & Referral

BEST PRACTICE RESOURCE SAMPLE

Medication Authorization Form

The policy is medication will only be administered if it has been prescribed by a qualified medical practisionor, is in it's orginal container and I have a signed permission form with directions.

I, _____, authorize _____
(Parent's name) (Care provider's name)

to adminsiter _____ to my child _____
(Medication) (Child's name)

with the following instructions:

Dosage:
_____

Time(s):
_____

Special Instructions (ie: on full/empty stomach, etc.) _____
_____
_____

Possible Side Effects: _____
_____
_____

_____ _____
Parent Signature Date

Time and date administered:

Date	Time	Provider Initials