Medication Authorization Form
For Prescription and Non-Prescription Medications

(8VAC20-781-510)

Section A must be completed by the parent/guardian for **ALL** medication authorizations which shall expire or renewed after 10 work days.

Section A and Section B must be completed for any **long-term prescription and over-the-counter medication which** may be allowed with written authorization from the child's physician and parent.

Sec on A: To be completed by parent/guardian

Medication authorization for: _____
(child's name)

_____has my permission to administer the following medication:
(Name of Child Care Provider)

Medication name: _____

Dosage and times to be administered: _____

Special instructions (if any): _____

_____

This authorization is effective from: _____until: _____
(Start date) **(End date)**

Parent or Guardian's Signature: _____ **Date**: _____

Section B: to be completed by child's physician:

I, _____ certify that it is medically necessary for the medication(s) listed
(name of physician)

below to be administered to:_____ for a duration that exceeds 10 work days.
(child's name)

Medication(s): _____

Dosage and Times to be administered: _____

Special instructions (if any): _____

_____

This authorization is effective from: _____until: _____
(Start date) **(End date)**

Physician's Signature: _____

Physicians Phone: _____ Date: _____