## **Medication Authorization Form**

Section A: To be completed by parent/guardian

For Prescription and Non-prescription Medications VDSS Division of Licensing Programs Model Form



## INSTRUCTIONS:

- . Section A must be completed by the parent/guardian for ALL medication authorizations.
- Section A and Section B must be completed for any long-term medication authorizations (those lasting longer than 10 working days).

Medication authorization for:	
(Child's name)	
(Name of Child Care Provider)	has my permission to administer the following medication:
Medication name:	
Dosage and times to be administered:	
Special instructions (if any):	
This authorization is effective from:	until:
	(Start date) (End date)
Parent's or Guardian's Signature:	Date:
Section B: to be completed by child's phy	ysician
I,(Name of Physician)	certify that it is medically necessary for the medication(s) listed
	for a duration that exceeds 10 work days.
(Child Medication(s):	d's name)
Dosage and Times to be administered:	
Special instructions (if any):	
This authorization is effective from:	until: (Start date) (End date)
Physician's Signature:	Date:
032-05-0570-05-eng (06/12)	Physicians Phone: