

### 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:  |  |
| Child's Name:  | Date of Birth/Age:   |
| Name of Medication:  | Reason for Medication:   |
| Start Date:  | Stop Date:   |
| Times to be given:<br><br><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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Daytime Phone Number

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Physician Phone Number

