

# Medication Authorization Form

Each medication must have its own Medication Authorization Form.

**This authorization form is valid until:** \_\_\_\_\_

(Unless otherwise indicated, medication authorizations are valid for 1 year from the date of the healthcare provider's signature on the care plan).

**Child Care Program Staff:** A new Medication Authorization Form should be completed and signed by the date above, or sooner, if there are changes to the medication or child's health condition. If a medication expires before the date above, you do not need to complete a new form. However, the medication must be replaced with one that has not expired, and the new expiration date added to this form. Never give an expired medication.

Additionally, over the counter (OTC) medications do not need a healthcare provider's signature unless the instructions below are different than what is written on the medication label or packaging.

**Child's name:** \_\_\_\_\_

**Child's date of birth:** \_\_\_\_\_

**Name of medication:** \_\_\_\_\_

**Reason for medication:** \_\_\_\_\_

**Medication expiration date:** \_\_\_\_\_

**When to give medication** (do not write 'as needed'; provide detailed list of symptoms or times of day to give the medication): \_\_\_\_\_

**How much medication to give** (must include **dose** of medication): \_\_\_\_\_

**Possible side effects of medication:** \_\_\_\_\_

**Route of medication administration** (for example: injection, by mouth [oral], on skin [topical], etc.): \_\_\_\_\_

**Medication requires special storage:**  Yes  No

**If yes, specify (for example: refrigeration, light sensitivity):** \_\_\_\_\_

If medication is over the counter (OTC), early learning providers must follow the instructions on the medication label or packaging, or the parent or guardian must provide a healthcare provider's note allowing off-label use.

Additional instructions: \_\_\_\_\_

Healthcare Provider Name (Printed): \_\_\_\_\_

Healthcare Provider Signature: \_\_\_\_\_

Healthcare Provider Phone Number: \_\_\_\_\_

Date: \_\_\_\_\_

Parent or Guardian Name (Printed): \_\_\_\_\_

Parent or Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_