

## MEDICATION AUTHORIZATION FORM

Prescription and non-prescription drugs, including vitamins and aspirin, will be given to a child ONLY with the parent or guardian's COMPLETED written consent.

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Child's Known Allergies: \_\_\_\_\_

**MCC has my permission to administer the following medication:**

Medication Name and Prescription Number: \_\_\_\_\_

Dosage: \_\_\_\_\_

Time(s) to be Administered: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

\_\_\_\_\_

Adverse Reaction, if any: \_\_\_\_\_

**Non-prescription Drugs:** This form will expire ten (10) business days from the effective date. If medication is still required, a new form will have to be completed. This medication must be taken home daily and brought back the next day if so required.

Date of Authorization: \_\_\_\_\_

**Prescription or Long Term Over-the-counter Drugs:** This form will expire one year from the effective date. If medication is still required, a new form will have to be completed. A physician's Authorization Form is also required for Long Term medications. This medication can be kept on site.

Date of Authorization: \_\_\_\_\_

Signature of Parent and/or Guardian \_\_\_\_\_

Date/Time	Medication/Dosage	Any adverse reactions?	Any medication error?	STAFF