

# Medication Authorization Form

## 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).

### Section 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)

### 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: