

# 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: 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)

Parent's or Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_