Medication Authorization Form
For Prescription and Non-Prescription Medications

(8VAC20-780-510) Section A must be completed by the parent/guardian for **ALL** medication authorizations which shall expire or renewed after 10 working days.
Section A and Section B must be completed for any **long-term prescription and over-the-counter medication which** may be allowed with written authorization from the child's physician and parent.

Sec on 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): ____

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This authorization is effective from: _________________________until: ________________________
(**Start date)** **(End date)**

Parent or Guardian's Signature: ____________________________________ **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: ________________________
(Start date) **(End date)**

Physician's Signature: ____

Physicians Phone: __________________________ Date: _____________________________