

Medication Authorization Form

For Prescription and Non-Prescription Medications
(Subsidy Inspection Requirements for Family Day Homes VENDHOM-000-(7)-027)

This form 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: _____