### Medication Authorization Form

**For Prescription and Non-Prescription Medications**

*(Subsidy Inspection Requirements for Child Day Centers 22VAC40-665-750)*

This form must be completed by the parent/guardian for ALL medication authorizations.

#### Section A: To be completed by parent/guardian

<table>
<thead>
<tr>
<th>Medication authorization for:</th>
<th>____________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>(Child’s name)</em></td>
<td></td>
</tr>
</tbody>
</table>

| ____________________________ | *(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: ____________________________**