Medication Authorization Form
For Prescription and Non-Prescription Medications
(Subsidy Inspection Requirements for Family Day Homes 22VAC40-665-380)

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: ___________