Medication Authorization Form
For Prescription and Non-prescription Medications
VDOE Office of Child Care Health and Safety
Model Form

INSTRUCTIONS:
- **Section A** must be completed by the parent/guardian for **ALL** medication authorizations.
- **Section A and Section B** must be completed for any **long-term medication authorizations** (those lasting longer than 10 working days).

**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: ____________

**Section B: to be completed by child’s physician**

I, ________________________________________ certify that it is medically necessary for the medication(s) listed 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: ___________________________ Date: ____________

(04/22) Physicians Phone: ____________________________