

Medication Authorization Form

For Prescription and Non-prescription Medications

VDSS Division of Licensing Programs 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). Medications must be in original package, with inserts and rx label.
- **One form for each medication.** ***Note** that the name of the medication at school must agree with the medication named on the form, i.e., Benadryl/Diphenhydramine and Tylenol/Acetaminophen, to be accepted.
- Forms are valid for one year from date signed by the doctor.

Section A: To be completed by parent/guardian

Medication authorization for: _____
(Child's name)

Country Day School Staff has my permission to administer the following medication:

*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: _____

Accepted for Country Day School by: _____ 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: _____ Date: _____