VDOE Model Form

Medication Authorization Form

For Prescription and Non-Prescription Medications

8VAC20-780-510

Instructions:
Section A must be completed by the parent/guardian for **ALL** medication authorizations which shall expire or will be renewed after 10 workdays.
Section A and Section B must be completed for any **long-term prescription and over-the-counter medication which** may be allowed with written authorization from the child's physician and parent.

Section A: To be completed by parent/guardian.

Medication authorization for: _____
(Child's Name)

First Baptist Church of Clarendon Child Development Center has my permission to administer the following medication:

Medication Name: _____

Dosage, route, and times to be administered: _____

Special instructions (if any): _____

This Authorization form is effective from: _____ Until: _____
(Start Date) **(End Date)**

I have read and understood the HOLD HARMLESS AGREEMENT and Instructions on the reverse side of this form and by my signature(s) grant permission for each medication and agree to its terms.

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
(Name of Physician)

to be administered to: _____ For a duration that exceeds 10 workdays
(Child's Name)

Medication Name: _____

Dosage, route, and times to be administered: _____

Special instructions (if any): _____

_____

This Authorization form is effective from: _____ Until: _____
(Start Date) **(End Date)**

Physicians Signature: _____ Date: _____

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Physicians Phone: _____

Additional Instructions for Parent(s)/Guardian(s)

1. Medications that parents can give approval include but are not limited to: OTC Acetaminophen, Ibuprofen or other analgesics, antibiotics or other medications that have been prescribed by a physician for a short term (less than 10 days)

2. Medications MUST be labeled with child's first and last name, name of medication. The dosage amount, route, and the time or times to be given and provide the dosing method (pill crusher, any supplemental dosing methods, etc.) Medications must be in the original container with a single dose for the day (if applicable), and the prescription label and/or directions attached. We do not hold multiple days' worth of medication on site.

3. It is highly encouraged for parents to administer long term medications before or after the program, if possible, for dosing schedule.

4. All emergency medications require a physician's signature. Examples include but are not limited to: inhalers, EpiPen's, anti-histamine's, insulin, seizure medication or any other medication and specific training for staff may be requested by parent.

5. Diabetes management plans will be provided if this medication is needed.

6. Use of sunscreen, OTC topical ointments (lotion), and insect repellent also requires written parent authorization noting any known adverse reactions to particular brands. Please use **Non-prescription Over-the-Counter Skin Products form.**