

# 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).

### 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  
(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: \_\_\_\_\_



**Blacksburg New School**

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## Emergency Medication Location

CHILD'S NAME: \_\_\_\_\_  
Last First Middle

NAME OF MEDICATION: \_\_\_\_\_

REASON FOR MEDICATION: \_\_\_\_\_

PHYSICIAN'S PRINTED NAME: \_\_\_\_\_

The child named above has a condition/allergy that necessitates the provision of the above-listed emergency medication. Since the situation for which the medication could be needed would be considered an emergency, I prescribe that the medication be kept in a location that is nearby the child—a secure, but unlocked location—and that the child and all supervising adults know the location of the medication.

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Date