



## Medication Authorization Form for Prescription & Non-prescription Medications

VDSS Division of Licensing Programs

### **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)

Westminster School has my permission to administer the following medication:  
(Name of Child Care Provider)

Medication Name: \_\_\_\_\_

Dosage \_\_\_\_\_

Time(s) to be administered: \_\_\_\_\_

This authorization is effective from: \_\_\_\_\_ until: \_\_\_\_\_  
(Start date) (End date)

Parent/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: \_\_\_\_\_

Dosage and Times to be administered: \_\_\_\_\_

This authorization is effective from: \_\_\_\_\_ until: \_\_\_\_\_  
(Start date) (End date)

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Physicians Phone: \_\_\_\_\_