



## BEST PRACTICE RESOURCE SAMPLE

### Medication Authorization Form

The policy is medication will only be administered if it has been perscribed by a qualified medical practisionor, is in it's original container and I have a signed permission form with directions.

I, \_\_\_\_\_, authorize \_\_\_\_\_  
(Parent's name) (Care provider's name)

to adminisiter \_\_\_\_\_ to my child \_\_\_\_\_  
(Medication) (Child's name)

with the following instructions:

Dosage: \_\_\_\_\_

Time(s): \_\_\_\_\_

Special Instructions (ie: on full/empty stomach, etc.)

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Possible Side Effects:

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\_\_\_\_\_  
Parent Signature Date

Time and date administered;

Date	Time	Provider Initials