



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.)

Possible Side Effects:

Parent Signature Date

Time and date administered;

Date	Time	Provider Initials