

# Medication Authorization Form

Non-emergency medications, not to exceed 10 days.

INSTRUCTIONS:

Must be completed by the parent/guardian for ALL medication authorizations.

Medication authorization for: \_\_\_\_\_  
(Child's name)

Fauquier Community Child Care, Inc. has my permission to administer the following medication:  
(Name of Child Care Provider)

Medication Name \_\_\_\_\_ Route of Administration \_\_\_\_\_

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: \_\_\_\_\_

## MEDICATION LOG

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

[illegible]