

# Medication Authorization Form

For Prescription and Non-prescription Medications



## 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)*

**Cuddlebugs Child Development Center, LLC.** 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):

\_\_\_\_\_

### 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):

\_\_\_\_\_