



MEDICATION AUTHORIZATION FORM

For Prescription and Non-Prescription Medications

Section A must be completed by the parent/guardian for ALL medication authorizations which shall expire or renew after 10 work days. **Section A and Section B** must be completed for any long-term prescription and over-the-counter medication which may be allowed with written authorization from the child's physician and parent. A separate form must be completed for each medication.

Medication for: _____
(child's name)

Section A: To be completed by parent/guardian

Oak Hill Preschool has my permission to administer the following medication:

Medication Name: _____

Dosage and times to be administered: _____

Special instructions (if any): _____

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

Parent or 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 below to be
(name of physician)
administered to the child named above for a duration that exceeds 10 work days.

Medication Name: _____

Dosage and times to be administered: _____

The medication will be given immediately after report of exposure to:

(Indicate specific allergen or type of exposure (e/g. ingestion, skin contact or inhalation))

The following are signs and symptoms to look for in case we are unaware an exposure has taken place:

Special instructions (if any): _____

This authorization is effective from: _____ to _____.

Physician's Signature: _____

Physician's Phone: _____ Date: _____