

## Medical Treatment Authorization

State Licensing requirements permit facilities to administer medications under the following guidelines:

1. All medication shall be administered only on the written approval of a parent or guardian.
2. Prescription medications shall be administered only as directed on the label or as otherwise authorized by a physician.
3. Medications must be stored in their original containers. The container must have the patient's name, amount to be administered, and date of expiration.

Please provide the following information:

Child's Name: \_\_\_\_\_

Medical Problem: \_\_\_\_\_

Name of Medication: \_\_\_\_\_ Amount: \_\_\_\_\_

Method of Administration: \_\_\_\_\_

Times/Frequency: \_\_\_\_\_ Amount: \_\_\_\_\_

Dates of Administration: \_\_\_\_\_

Week Day:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Times given:							

Comments or specific instructions:

I authorize \_\_\_\_\_ to give the above medication(s)

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_