

Medication Authorization Form

We require a doctor's order and the parent/guardian's authorization/request prior to administering any medication. Take the form to every doctor's visit, whether it's a well-baby/child check-up or an appointment because of illness. This helps us provide for your child's health needs and the health needs of all the children we serve.

Child's Name _____ Today's Date _____

Allergies _____

TO BE COMPLETED BY DOCTOR

Child Illness/Symptoms _____

Special Instructions _____

Medication _____ Dose _____ Route _____

Time/Frequency _____ Start date _____ Stop Date _____

Side effects we should report to the doctor _____

Doctor's Signature _____

Authorization and Request by Parent/Guardian

I hereby authorize and request the Child Development Programs staff give the above medication to my child _____ in accordance with the doctor's instructions above. I understand that I must bring the medication to the center in its original container. I further authorize the Health Services Coordinator and/or designee to contact my child's doctor regarding this medication. I understand that Mayville State University Child Development Programs **will not** be held liable for missed and or incorrect dosages.

Parent/Guardian Signature _____

Signature of Staff receiving form _____

Date _____ Time _____

