

Medication Authorization Form

For Prescription and Non-prescription Medications

Guardian Christian Academy, 6851 Courthouse Road, Chesterfield, VA 23832

Phone: 804-715-3210; Fax: 804: 715-3237



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) to **include the physician's signature**. See page 2 on back.

Section A: To be completed by parent/guardian

Medication authorization for: _____
(Child's name)

Guardian Christian Academy 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): _____

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

Parent's 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
(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): _____

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

Physician's Signature: _____ Date: _____

Physicians Phone: _____

Permission Requirements

Short-Term Medication Administration

Medication Type	Medication Route	Type of Permission Needed (written)	
		Parent Permission	Health Care Provider Instructions
Over-the-counter	Topical	Written	<i>None needed*</i>
	Oral	Written	<i>None needed*</i>
	Inhaled/Nasal	Written	<i>None needed*</i>
	Patches	Written	<i>None needed*</i>
	Eye	Written	<i>None needed*</i>
	Ear	Written	<i>None needed*</i>
Prescription	Topical	Written	<i>None needed*</i>
	Oral	Written	<i>None needed*</i>
	Inhaled/Nasal	Written	<i>None needed*</i>
	Patches	Written	<i>None needed*</i>
	Eye	Written	<i>None needed*</i>
	Ear	Written	<i>None needed*</i>
	Nebulizer	Written	Written
	EpiPen Injection	Written	Written

NOTE: All permissions must be renewed or discontinued after 10 work days.

- *The parent's instructions for administration must be consistent with any directions for use noted on the original container, including but not limited to precautions related to age and special health conditions. **If the instructions are not consistent, *written* instructions from the child's health care provider are required.**

Permission Requirements

LONG-Term Medication Administration

Medication Type	Medication Route	Type of Permission Needed (written)	
		Parent Permission	Health Care Provider Instructions
Over-the-counter	Topical	Written	<i>None needed*</i>
	Oral	Written	Written
	Inhaled/Nasal	Written	Written
	Patches	Written	Written
	Eye	Written	Written
	Ear	Written	Written
Prescription	Topical	Written	Written
	Oral	Written	Written
	Inhaled/Nasal	Written	Written
	Patches	Written	Written
	Eye	Written	Written
	Ear	Written	Written
	Nebulizer	Written	Written
EpiPen Injection	Written	Written	

NOTE: Long-term permissions must be updated at least every school year.

- *For over-the-counter topical medication where instructions from the child's health care provider are not required, the parent's instructions for administration must be consistent with any directions for use noted on the original container, including but not limited to precautions related to age and special health conditions. **If the instructions are not consistent, *written* instructions from the child's health care provider are required.**