



**Medication Authorization Form  
For Prescription and Non-Prescription Medications**

(8VAC20-780-510)

**Section A** must be completed by the parent/guardian for **ALL** medication authorizations which shall expire or renewed 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.

**Section A: To be completed by parent/guardian**

Medication authorization for: \_\_\_\_\_  
(child's name)

\_\_\_\_\_ 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 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: \_\_\_\_\_

Physicians Phone: \_\_\_\_\_ Date: \_\_\_\_\_