

**Emergency Medication Authorization Form**

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

Medication Name\*/Strength: \_\_\_\_\_

Dosage Amount/Frequency: \_\_\_\_\_

How to be Given:            Oral                            Topical                            Other: \_\_\_\_\_

Time to be Given: \_\_\_\_\_

Date(s) to be Given: \_\_\_\_\_

Symptoms Indicating Need for Administration:

\_\_\_\_\_

Actions to Take Once Symptoms Occur: \_\_\_\_\_

\_\_\_\_\_

Side Effects/ Anticipated Reactions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

*If all information is not filled in completely, medication will not be given.*

\_\_\_\_\_

**Administration Documentation\*\***

Date Given	Time Given	Dosage Given	Signature of Person Administering Medication

\_\_\_\_\_  
Signature of Staff Completing Form

*\*medication should be in its original container*  
*\*\*shall be updated by parent as changes occur or at least every six months*