



2025-2026 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 renew after 10 workdays. After this 10-day period, this authorization will automatically expire and will no longer be valid.

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. (Long-term =lasting longer than 10 workdays)

NOTE: If a student requires multiple medications, **a separate form must be completed for each medication.**

Section A: To be completed by parent/guardian

Medication authorization for: _____

(child's full name)

_____ American Day School _____ 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 workdays.

(child's full 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: _____

Physician's Telephone Number: _____ Date: _____