



Medication Authorization Form

Orange County School Age Child Care Programs

For Prescription and Non-prescription Medications

Instructions:

- One (1) medication per authorization form.
- **Parent Form** must be completed by the parent/guardian for ALL medication authorizations
- **Parent Form AND Doctor Form** must be completed for any **long-term*** medication authorizations (**those lasting longer than 10 working days*)

DOCTOR MEDICATION FORM

To be completed by the child's PHYSICIAN - **PLEASE PRINT**

Medication Authorization for: _____
(Child's Name)

I, _____ certify that it is medically necessary for the
(PRINTED Name of Physician)

medication listed below to be administered to the child listed above for a duration that exceeds 10 workdays.

Medication Name: _____

Dosage and Time(s) to be administered: _____

Special Instructions (if any): _____

This authorization is effective from: _____ until _____. ****Up to One (1) year maximum****
(Start Date) (End Date)

Physician Signature: _____ Date: _____

Physician Phone Number: _____