



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*)

PARENT MEDICATION FORM

To be completed by parent/guardian - **PLEASE PRINT**

Medication Authorization for: _____
(Child's Name)

The Orange County School Age Child Care (OCSACC) staff has my permission to administer the following medication to my child listed above:

Medication Name*: _____
*Name of medication box or prescription label – if they do not match, it CANNOT be given

Dosage* and Time(s) to be administered: _____
*Must be what is appropriate for your child per the over-the-counter instructions or match the prescription label

Special Instructions (if any): _____

This authorization is effective from: _____ until _____ ***10 Business Days MAXIMUM***
(Start Date) (End Date)

Is this medication to be used long-term (more than 10 days)?

- Yes – have your doctor complete the **DOCTOR MEDICATION FORM** immediately
- No

Parent/Guardian Signature: _____ Date: _____