

**Central Academy & Child Care**  
**AS NEEDED MEDICATION AUTHORIZATION FORM**  
 Medication must be in its original container

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

Medication Name: \_\_\_\_\_

Dosage Amount: \_\_\_\_\_

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

\_\_\_\_\_

Special Instructions/Circumstances for Administering "As Needed" Medication: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_  
 Date

\_\_\_\_\_

Administration Documentation

<b>Phone Contact Time &amp; Date</b>	<b>Date Given</b>	<b>Time Given</b>	<b>Dosage Given</b>	<b>Staff Signature</b>

This form must be updated if changes occur or at least every three months.