



# Medication Authorization Form

For Prescription and Non-prescription Medications

## INSTRUCTIONS:

- **Section A** must be completed by the parent/guardian for **ANY** medication authorizations. **One form per medication.**
- **Section A and Section B** must be completed for any **long-term medication authorizations** (those lasting longer than 10 working days).

### Section A: To be completed by parent/guardian

Medication authorization for: \_\_\_\_\_  
*(Child's name)*

\_\_\_\_\_ 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)*

I have read and understand the HOLD HARMLESS AGREEMENT and Instructions on the reverse side of this form and by my signature(s) for each medication permission I agree to its terms.

**Parent's 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 work days.  
*(Child's 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:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Physician's Phone: \_\_\_\_\_

## Release and Indemnification Agreement

I hereby authorize the Arlington County Department of Parks and Recreation personnel to give the medication as directed by this authorization. I, on behalf of myself, my executors, administrators, heirs, next of kin, and successors, hereby covenant to hold harmless and indemnify the County and all of its officers, departments, agencies, agents and employees from any and all claims, losses, damages, injuries, fines, penalties and costs (including court costs and attorney's fees), charges, liabilities, or exposures, however caused, resulting from, arising out of, or in any way connected to assisting this participant with the use of medication. I have read and understand this HOLD HARMLESS AGREEMENT and by my signature(s) for each medication permission I agree to its terms.

## Instructions for Parent(s)/Guardian(s)

1. Medications that parents can give approval include but are not limited to: OTC Acetaminophen, Ibuprofen or other analgesics, antibiotics or other medications that have been prescribed by a physician for a short term (less than 10 days).
2. Medication **must** be labeled with participant's name, name of medication, the dosage amount, and the time or times to be given and provide the dosing method (pill crusher, any supplemental dosing methods, etc.) Medications must be in the original container with a single dose for the day (if applicable), and the prescription label or direction label attached. We do not hold multiple days' worth of medication on site.
3. It is highly encouraged for parents to administer longer term medication before or after the program if possible for dosing schedule.
4. All emergency medications require a physician's signature. Examples include but are not limited to: inhalers, EpiPen's, anti-histamine's, insulin, seizure medication or any other medication treatment for a long term disability or medical condition. Review of medication and specific training for staff may be requested by parent.
5. Diabetes Management Plans will require additional medication administration information and necessary forms will be provided if this medication is needed.
6. Use of sun screen or insect repellent also requires written parent authorization noting any known adverse reactions to particular brands. Please use this same form.