



DISTRICT OF COLUMBIA  
OFFICE OF THE STATE SUPERINTENDENT OF

# EDUCATION

## Medication Authorization Form

*Pursuant to Title 5A, Chapter 1 of the District of Columbia Municipal Regulations (DCMR), Section 153.1; "A Licensee shall not administer medication or treatment to a child in care, with the exception of emergency first aid, whether prescription or non-prescription, unless: parental permission to administer the medication or treatment is documented on a completed, signed, and dated medication authorization form that is received by the Licensee before the medication or treatment is administered or a licensed health care practitioner has approved the administration of the medication and the medication dosage."*

*Pursuant to Title 5A, Chapter 1 of the District of Columbia Municipal Regulations (DCMR), Section 153.5, "A Licensee shall maintain a medication log, on a form approved by OSSE. Each time medication is administered to a child, a staff person shall enter the date, time of day, medication, medication dosage, method of administration, and the name of the person administering the medication in the medication log."*

### **Part I: To be completed by the parent/guardian and child's physician:**

I do hereby give permission to \_\_\_\_\_ to administer the following  
*Name of Facility*

prescribed medication to my child \_\_\_\_\_ born on \_\_\_\_\_.

Name of Medication	Time/Frequency	Dosage	Effective Dates	
			From:	To:
			From:	
			To:	
			From:	
			To:	

\_\_\_\_\_  
Signature of Physician

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

### **Part II: To be completed by the center director or staff administering medication who has current medication administration certificate:**

Name of Medication	Date	Time Given	Reactions	Staff Initials

**PLEASE PLACE A COPY IN THE CHILD'S FILE.**