spilled milk social club

Medication Authorization

Directions: Use this form when staff administer medications, as applicable in Texas Administrative Code 744.2655, 746.3805 and 747.3605

Parent Section:

Child's Full Name	**Name of Medication** (*if prescribed by a doctor, we must have the prescription label)	**Dosage**	**Specific Date or Date Range for administration** *(*you may also write "as needed")*	**Time to be administered**	**Parent Signature**

Staff fill out the folowing section when administering medication:

Date	**Name of Medication**	**Dosage Given**	**Notes (if given on an "as needed" basis)**	**Time administered**	**Employee's name**