



Medication Authorization Form

Please use this side for medications given for more than 10 days (excluding topical ointments), or nebulizers and EpiPens given for any amount of time.

All medications must be received in the original container and packaging. The package insert or pharmacy print out must be included with complete list of side effects and usage instructions. All boxes, containers, and dispensing tools must be labeled with the child's name. For medication samples, all information provided on a prescription label must still be provided. Tuckaway will dispense medications per Tuckaway's medication policy.

Child's name: _____

Name of medication (exactly as it appears on the container): _____

Amount /dosage to be given: _____
(Amount/dosage must match package label and/or insert – doctor's permission required if otherwise)

Specific times to be administered at Tuckaway: 10 am 12 pm 3 pm

Additional instructions (must be written by doctor if different from package insert): _____

PRN medications (given as needed)

Symptoms that will necessitate administration of medication (must be observable, and when possible, measurable):

Frequency to be administered (if subsequent administrations required): _____

Additional instructions (must be written by doctor if different from package insert): _____

Start date: _____ Date medication should be discontinued: _____
(Not to exceed 6 months)

Request to discontinue medication if before original end date: _____
Date Parent Initials

Parent's name: _____

Parent's signature: _____ Date: _____

Physician's name: _____ Phone: _____

Physician's signature: _____ Date: _____

Tuckaway Use Only:

Signature indicates all information needed to give this medication has been received by Tuckaway.

Authorized MAT provider name: _____ Date received: _____

Authorized MAT provider signature: _____