

MEDICATION AUTHORIZATION FORM

CHECKLIST

-Doctor fills out the top section of the form. Parent fills out bottom section of form.

-Medication must be in its original packaging with medication name and dosage info on label.

-Medication/dosage section on form must match what is on the medication RX label.

****PLEASE BE SURE TO HAVE THE ENTIRE MEDICATION SECTION FILLED IN BY THE PHYSICIAN.**

EXAMPLE:

MEDICATION	DOSAGE/ROUTE	Frequency	SPECIFIC TIMES	SPECIAL INSTRUCTIONS/SIDE EFFECTS
Diphenhydramine	12.5-25mg, PO	4-6 Hours prn	Allergic rxn	drowsiness
Pro Air HFA	2 puffs inhaled	Every 4-6 hours prn	Wheeze/SOB	tachycardia