

5321.B  
5321.C  
5321.G

**As Needed Medication Authorization Form**  
**Medicine Must Be In Its Original Container**

Child's Name: \_\_\_\_\_  
Medication Name: \_\_\_\_\_  
Dosage Amount: \_\_\_\_\_  
Side Effects/Anticipated Reactions: \_\_\_\_\_

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Special Instructions/Circumstances for Administering "as needed" medication: \_\_\_\_\_

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\_\_\_\_\_  
**Parent's Signature** **Date**

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Administration Documentation

<b>Phone Contact Time &amp; Date</b>	<b>Date Given</b>	<b>Time Given</b>	<b>Dosage Given</b>	<b>Staff Signature</b>

\*shall be updated by parent as changes occur or at least every three months