ECEC
ST. JOHN'S LUTHERAN
EARLY CHILDHOOD EDUCATION CENTER

Long Term Medication Authorization Form

Instructions:

- **Section A and Section B** must be completed for any long-tern medication authorizations (Those lasting longer than 10 days) This form requires a physician signature.

Section A: To be completed by Parent/ guardian

Medication authorization for : _____
(Child's Name)
_____has my permission to administer the following medication:
(Name of Child Care Provider)

Medication name:_____

Dosage and times to be administered: _____

Special Instructions (if any) _____

_____

This authorization is effective from:_____ until:_____
(start date) **(End date)**

Parent's or guardian's Signature:_____Date: _____

Section B: To be completed by child's physician

I,_____ certify that it is medically necessary for the medication(s) listed
(Name of Physician)

Below to be administered to:_____ for a duration that exceeds 10 work days.
(Child's name)

Dosage and Times to be administered:_____

Special instructions (if any): _____

_____

This authorization is effective from:_____ until:_____
(start date) **(End date)**

Physicians Signature:_____Date: _____Phone:_____

I agree to administer the drugs or medication specified above only as directed, to keep the medication out of reach of all children, and to return the unused portion or empty prescription packaging to the parents(s) guardian(s) when it is no longer needed or at the time specified above.

Date:_____ Signature of Teacher:_____

This form is suggested by the Virginia Department of Welfare. The information on this form is required by Virginia License Minimum Standards.