



Medication Authorization Form- Long Term

Please use this side for medications given for **more than 10 days** (excluding topical ointments), nebulizers, or any medication requiring special instruction or doctor's approval.

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. One form per medication.

Child's name: _____ Med. exp. _____ Rx exp. _____

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: ☐ 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 one year)

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: _____

Office Use Only:

Signature indicates all information needed to give this medication has been received by VCU Health CDC.

Authorized MAT provider name: _____ Date received: _____

Authorized MAT provider signature: _____