



Medication Authorization Form

Child's Name:	Date of Birth/Age:
Name of Medication: Sunscreen	Reason for Medication: To prevent sunburn
Start Date:	Stop Date:
Times to be given: 30 minutes prior to sun exposure	Amount to be given: Enough to generously coat all exposed skin
Possible Side Effects:	<input type="checkbox"/> Oral <input checked="" type="checkbox"/> Topical <input type="checkbox"/> Other
<input type="checkbox"/> Above information consistent with label? Yes	Requires Refrigeration: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no
Special Instructions:	

Parent/Guardian Signature

Date

Daytime Phone Number

Physician Signature (if under 6 months old)

Date

Physician Phone Number



Medication Record

(Must be filled out by the person who gives the medication)

Child's Name:

Name of Medication:

Date	Time	Dosage	Initials	Reason NOT Given	Side Effects Observed

Signatures that correspond to initials of persons giving medication:

