Texas Dept of Family
and Protective Services

MEDICATION AUTHORIZATION FORM

Form 7255
Nov 2005

I hereby request an employee to administer the medication named below to my child. I understand that all medications must be in the original container, labeled with the child's name and with directions to administer the medication. Prescribed medication must also include the date and name of physician. By signing below I release the child-care center and its employees from all liability for reactions which my child may suffer from this medication.

Date	Child's Name	Name of Medication	Dosage	Time to be given	Parent's Signature	Dosage Given	Date & Time Given	Employee's Full Name