Form 7255
04/2018

TEXAS Health and Human Services

Medication Authorization

Providers may use this form to document the administration of medication at their operation.
Directions: Complete this form when staff administer medications, as applicable in Texas Administrative Code 744. 2655, 746.3805, and 747.3605.

Name of Childcare Facility	Name of Child to Receive Medicine
Little Vikings Learning Center	

NOTE: Medication must be in its original container and labeled with your child's name and the date medication is left at the facility. Medication can only be administered in amounts according to the label directions.

Signature-Parent or Guardian _____ Date _____

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

Disposition of Left-over Medication
☐ Returned to Child's Parent/Guardian ☐ Thrown Away Date: