

**Medical Procedure Authorization Form**

The following staff have my permission to administer tube feedings, or medication through my child's, \_\_\_\_\_ feed tubing apparatus:

Child's name

Staff: \_\_\_\_\_

Medication Name\*/Strength: \_\_\_\_\_

Dosage Amount/Frequency: \_\_\_\_\_

How to be Given:      Oral                      Topical                      Other: \_\_\_\_\_

Time to be Given: \_\_\_\_\_

Date(s) to be Given: \_\_\_\_\_

Side Effects/ Anticipated Reactions: \_\_\_\_\_

\_\_\_\_\_

Special Instructions (If Applicable): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
 Parent's Signature

\_\_\_\_\_  
 Date

*If all information is not filled in completely, medication will not be given.*

\_\_\_\_\_

**Administration Documentation**

Date Given	Time Given	Dosage Given	Signature of Person Administering Medication

*\*medication should be in its original container*

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Signature of Staff Completing Form

*\*medication should be in its original container*