

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.

Facility Name:	Month:

Date	Child	Name of Medication	Dosage	Time to be Given	Parent's Signature	Dosage Given	Time Given	Employee's Full Name
				OAM			OAM	
				○PM			○PM	
				OAM			OAM	
		100		ОРМ			○PM	
				OAM			OAM	
				○PM			○PM	
				OAM			OAM	
				○PM			○PM	
				OAM			OAM	
			ОРМ			○PM		
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				○PM			○PM	
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