TEXAS Health and Human Services

Form 7255
April 2018-E

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
				◯AM ◯PM			◯AM ◯PM	
				◯AM ◯PM			◯AM ◯PM	
				◯AM ◯PM			◯AM ◯PM	
				◯AM ◯PM			◯AM ◯PM	
				◯AM ◯PM			◯AM ◯PM	
				◯AM ◯PM			◯AM ◯PM	
				◯AM ◯PM			◯AM ◯PM	
				◯AM ◯PM			◯AM ◯PM	
				◯AM ◯PM			◯AM ◯PM	
				◯AM ◯PM			◯AM ◯PM	
				◯AM ◯PM			◯AM ◯PM	
				◯AM ◯PM			◯AM ◯PM	