Texas Dept of Family
and Protective Services

MEDICATION AUTHORIZATION FORM

Form 7255
Nov 2005

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

PAGE 2/3 * RCVD AT 6/8/2007 1:40:00 PM [Central Daylight Time] * SVR:RFX03-0138-001/0 * DNIS:3934 * CSID:DFPS Fax Server - R3 * DURATION (mm-ss):00-00