

MEDICATION CONSENT FORM

FOR PARENT USE:

Name of Child: _____

Name of medication: _____

Please √ one of the following:

_____ Prescription

_____ Oral/Non Prescription

_____ Unanticipated Non-Prescription for mild symptoms

_____ Topical Non-Prescription (applied to open wound/broken skin)

_____ Topical Non-Prescription (applied to unbroken skin)

(Note: Parent signature only...physician's not needed.)

My child has previously taken this medication _____

My child has not previously taken this medication, but this is an emergency medication and I, _____, give permission for staff to give this medication to my child in accordance with his/her individual health care plan.

Dosage: _____

Date(s) medication to be given: _____

Times medication to be given: _____

Reason for medication: _____

Possible side effects: _____

Directions for storage: _____

Name of prescribing health care practitioner: _____

Phone number of prescribing health care practitioner: _____

Child's Health Care Practitioner Signature _____ Date _____

I, _____ authorize educator(s) to administer medication to my child as indicated above.
(print name)

Parent/Guardian Signature _____ Date _____

FOR STAFF USE: Medication can be administered only if the answers to all the questions are "Yes"

Who trained the staff? Early Education and Care

Has the Medication Consent form been completed? _____

Is the medication in a safety cap container? _____

Is the original prescription label on the medication container (if it is a prescription medication) or an accompanying prescription for an over-the-counter medication in its original container/tube/box? _____

Is the child's name on the prescription label of the medication bottle/tube/box or handwritten on the bottle/tube/box if it is an over-the counter medication? _____

Is the date on the prescription current (within the month for antibiotics and within the year for everything else)? _____ **Expiration date for the drug/cream etc. must be within the allowed dosage dates.**

Is the name of drug, dose and frequency of administration given on the label consistent with parental instructions? _____

Staff Signature: _____ Date: _____

