MEDICATION CONSENT FORM  606 CMR 7.11(2)(b)

Name of child: ____________________________________________________________

Name of medication: ______________________________________________________

Please ✓ one of the following:                                                  Oral/Non-Prescription: ______
Prescription: _____  Unanticipated Non-Prescription for mild symptoms _____
Topical Non-Prescription (applied to open wound/ broken skin) ______

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: _____________________________________________

Reasons for medication: __________________________________________________

Possible side effects: ______________________________________________________

Directions for storage: ____________________________________________________

Name and phone number of the prescribing health care practitioner:
______________________________________________________________________

Child’s Health Care Practitioner Signature ______________________ Date _____

I, _____________________________________________________________________, (parent or guardian) gives permission
(print name)

to authorize educator(s) to administer medication to my child as indicated above.

Parent/Guardian Signature __________________________ Date ______

For topical, non-prescription NOT applied to open wound / broken skin (parent signature only)